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Iron, Quinine and Nux Vomica.
Iron, Quinine and Strychnine.
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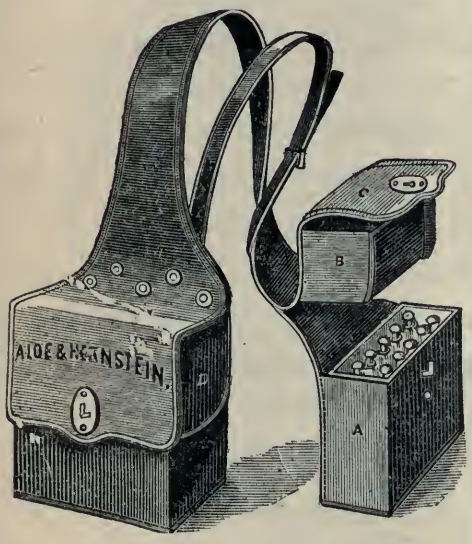

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It is a well known fact, proven by analysis and clinical use, that the bark grown on the Neilgherry Hills is much richer in the more useful alkaloids than that obtained from any other source. It is also shown conclusively by numerous trials to possess greater febrifuge properties.

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The Tincture is put up in six ounce and twelve ounce bottles, labeled simply

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OFFICE OF

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FREMONT, OHIO.

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The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

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It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR OR MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery, sugar-house syrup, "strained honey," native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes, the chief inducement for this species of substitution for barley malt and cane sugar.

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Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circular and testimonials elsewhere printed.

Very Respectfully,

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ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VI. ST. LOUIS, MAY, 1879. NO. 2.

Original Communications.

EXTRACT OF MALT IN PRACTICE.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

Medical education in Germany includes instruction in the art of prescribing and a thorough knowledge thereof is exacted in the State examination of physicians. All German practitioners are in the habit of directing the composition of drugs and remedies or order the exact form in which they are to be used by their respective patients.

This is perhaps the reason why *ready-made formulas* find no market in Germany and are scarcely ever used. My habit, whilst a practicing physician in the United States (more than twenty-six years), has remained the same. I have had no use for the like preparations, have paid no attention to the multifarious samples which have been sent to me by way of advertisement, and consequently I have *never* assisted in their sale by either recommendation or signature.

If I depart, on this occasion, from a life-long rule I have special reasons to assign for so doing. My friend, Dr. Wm. B. Hazard, who shares my office, and who is therefore fully acquainted with the debilitated and reduced state of those patients who compose the greater portion of my practice, has repeatedly urged me to utilize the malt extract in its varied combinations. From its frequent use he had formed a favorable opinion in cases of deteriorated nutrition and assumed that it facilitated assimilation of vegetable food, and consequently increased his patients' weight. This statement induced me to try the preparation in suitable cases.

About eight months ago, I commenced my therapeutical experiments and have since selected nineteen patients for the use of malt extract.

The first patient was a farmer of advanced age from the neighborhood of Olney, Ills. He exhibited some of the appearances of pulmonary phthisis, was reduced in weight and strength, had night-sweats, felt extremely dejected, and had copious expectoration of a purulent character. On examination, emphysema in both lungs, besides chronic bronchitis, were elicited. Besides some anodynes, I ordered him the malt extract with cod-liver oil. In ten days his weight had increased *seven pounds*, and in further ten days another addition of three pounds had been gained. I need not state that the result was most gratifying to both patient and attendant, and henceforth I employed that preparation with considerable confidence and frequency.

The combination of malt extract with cod-liver oil is perhaps one of the most agreeable for patients to take, besides they act towards one another as adjuvants or auxiliaries. I am, however, persuaded, that beyond its own nutritive property, the malt extract aids other amylaceous substances, rapidly converting them into grape sugar, one of the very essentials for organic maintenance.

I have administered the same preparation to *ten more patients*, suffering from caries of joints and bones, and in every single instance I have noticed rapid increase of weight, notwithstanding a more or less copious sero-purulent discharge.

In *eight cases* I have administered the extract with the different phosphates of iron, likewise with beneficial results, referring, however, more to the tone of the constitution and the feeling of strength than marked change in weight.

In fact, the remedial effects have been so gratifying to me that I have considered it my duty to call the special attention of the numerous readers of the CLINICAL RECORD, feeling confidently assured that their trial of these substances will give equal satisfactiom.

Most of my prescriptions were filled by Charles Habicht & Co., corner of Fourth and Locust streets, who obtain their malt extract preparations from the Trommer Extract of Malt Company, at Fremont, Ohio, and my experience thus far refers exclusively to the preparations of that company.

519 Pine street, St. Louis.

IODINE AS AN ALTERATIVE EXPECTORANT IN DRY ASTHMA.

BY CHAS. A. LEE REED, M. D.,
Late Professor of Pathology in the Cincinnati College of Medicine and Surgery.

Dry asthma—pulmonary spasm with suppression of bronchial secretion—occurs:

1. In cases depending for their exciting cause upon malarial poisoning and that are characterized by distinct and regular periodicity in the recurrence of the paroxysms.

2. In cases that have their exciting cause in the deranged condition of some other organ, the spasm in the lungs being induced through reflex influence; *e. g.*, certain dyspeptic persons suffer from tightness of breathing just after the ingestion of a full meal or of particular articles of diet.

3. In cases in which the paroxysms are erratic, of variable severity and duration, coming on at just any time and apparently not depending for their excitation upon any particular influence or condition. These cases, however, are attended with a bad habit of constitution, a vascillating appetite and a perversion of the secretions.

The treatment of these cases at once resolves itself into: immediately palliative, intended for the immediate relief of the paroxysm; and permanently palliative, intended to ameliorate the conditions causing the paroxysms. It would be somewhat presumptuous to speak of a curative treatment of these cases, although it is beyond question that some exceptional cases are relieved of this distressing disease and are not bothered with it again. The permanently palliative treatment differs in these three classes of cases. In the first, antiperiodics are clearly indicated; in the second, remedies must be addressed to the diseased organ, *e. g.*, stomachics, etc., in the dyspeptics quoted; but it is in the third class of cases that the practitioner tries remedy after remedy, antiperiodic after antiperiodic, antispasmodic after antispasmodic, expectorant after expectorant, until he has exhausted his *armamentum medicum* without establishing the desired moisture in the bronchi or in anywise alleviating the the trouble, and then, finally inquires of the gods if "there *is* a balm in Gilead," or else gives vent to some other interrogative exclamation not quite so poetical, but about equally as unavailing and away from the point.

In these cases I have used the following prescription:

℞ Liquor. iodinii comp. - f. ℥i;
Mel. - - - - - - - f. ℥ij.
M. S.—Teaspoonful every three hours;

from which I have noted the following effects:

1. A gradual restoration of the bronchial secretion quite perceptible after the third dose.

2. A diminution in the frequency and severity of the paroxysms from the start.

3. An improvement in the appetite and an increase in the tone and vigor of the general system.

4. A perceptible increase in the volume of the urine without any change in its specific gravity.

5. Iodine has been more permanent in its salutary effects in these cases than any other remedy that I have used.

6. Its effect appears to be so modified by idiosyncrasy that it does not *always* produce the same salutary effect.

7. In effecting the relief of these cases iodine appears to act as an alterative expectorant.

Fidelity, Ill., April, 1879.

CALORIFICATION.

BY T. J. SCOTT, M. E.

As many of the medical profession are induced, by the simplicity of the chemical doctrine of calorification, to believe that animal or organic heat is produced by the union of the oxygen of the air with the carbon of the blood, or with that of the body, I shall present, with your permission, an array of evidence to show that the act of respiration has no more connection with the production of animal heat than that of gastric juice, or any other result of organic functions.

I shall begin by quoting from the great French physiologist: "The extrication of caloric," says Bichat, "is a phenomenon exactly analogous to those of which the general capillary system is the seat. The disengagement of caloric is always subordinate to the state of the 'vital forces.'"

"The state of respiration has no influence upon the actual heat of the body. When we place on one side all the phenomena of animal heat, and on the other the 'chemical hypothesis,' it appears to me so inadequate to the explanation that I think every methodical mind can refute it without any assistance from me" (Bichat's General Anatomy). John Hunter, like Bichat, placed the elaboration of organic heat upon the same vital grounds, regarding it as a secreted product. Also, Wilson Phillips: "Among the secretions I have ranked the evolution of coloric." (Phillips on Vital Functions).

Tiedemann has the same viewwith Muller: "The only point," he says, "that can be regarded as placed beyond doubt is, that the evolution of heat is a vital act."

Hear Dr. Carpenter, the distinguished chemical physiologist: "It is evident that the chemical doctrine in its present form is insufficient to explain the phenomenon of animal colorification." (Carpenter's Human Physiology).

Leibig is the only supporter of the chemical doctrine. Hear his contradictory statements: In the first place he affirms, "That in whatever way carbon may combine with oxygen, the act of combination cannot take place without the disengagement of heat. It is a matter of indifference whether the combination take place at a low or high temperature, the amount of heat liberated is a constant quantity."

"In the foregoing pages it is assumed that it is especially carbon and hydrogen which, by combining with oxygen, serve to produce animal heat."

"The carbon of the food which is converted into carbonic acid within the body, must give out exactly as much heat as if it had been directly burned in the air or in oxygen gas."

Now compare the above with his negative affirmations. Hear him: "Carbon never combines at common temperatures with oxygen, so as to form carbonic acid."

"There is no example of carbon combining directly with oxygen at common temperatures, but numerous facts show that hydrogen, in certain states of condensation, possess that property. Lampblack, which has been heated to redness, may be kept in

contact with oxygen gas, without forming carbonic acid. The spontaneous inflammability of the charcoal in making gunpowder has been correctly ascribed to the hydrogen which it contains, for during its reduction to powder, no trace of carbonic acid can be found in the air surrounding it. It is not formed until the temperature of the mass has reached the red heat. The heat which produces the inflammation is therefore not caused by the oxydation of the carbon." (Liebig's Organic Chemistry.)

Liebig further says: "At the temperature of the body, the affinity of oxygen for hydrogen far surpasses that of carbon for oxygen."

In regard to the consumption of tallow candles, fat, blubber, etc., in the Arctic regions, to obtain animal heat, it is easily foreseen that this will not account for their heat. The consumption of food is universally greatest in the Tropical regions or climate, where it is most abundant. What is the contrast, in temperature, between the well-fed lounger in America and the half-starved laborer, or the slave and his master. Their temperature is the same. How about the clothing, if the heat depended upon the amount of food, the master should require less than the slave, which is the reverse.

There is no doubt that the generation of animal heat is promoted more by animal than by vegetable food, but the principle depends upon the laws of vital habit, and that which relates to the virtues of the different "national stimuli," and is as foreign from chemistry as any two subjects can be from each other.

The whole philosophy, then, which concerns the greater tendency of animal, than those of vegetable food to promote the generation of heat, consists in the fact, that animal is a greater stimulus than vegetable matter to the organic functions.

The fact is demonstrable, as while the food lies yet undigested upon the stomach of the famished wayfarer, and every one knows that his warmth will be instantly increased, and to a greater degree by cold meat than cold potatoes, the evolution of heat takes place before chymification begins and especially combustion.

In the development of animal heat is involved the magnificent agency of the nervous system, which, to the chemist, is impenetrable darkness.

Animal food is especially stimulating to all the functions of man, and therefore to that which generates heat, and irritability is greater and more susceptible to the action of stimuli in Equatorial than in other climates.

The far more rapid reduction and exaltation of organic heat by a small loss of blood, than by all other causes conjoined, is a proof of its independence of combustion.

According to statements of Dr. Kane, while at Resolution Bay, latitute seventy-eight degrees, fifty-eight seconds, in 1853, it will be seen that food and clothing are even less important to animal heat than to other products of animal life. He says his party were capable of maintaining their natural temperature with constitutions impaired by disease, and quite destitute of food and proper clothing, while the thermometer stood at sixty degrees below freezing point Fahrenheit. Under circumstances of most privation, says Dr. Kane, I found no comforter so welcome to my party as our great restorer, tea. The tea acted promptly as a stimulus to the nervous system, and among its results was an elaboration of heat just as is explained of alcohol and animal food.

If we consult the records of tropical regions we shall find where food is abundant, savages gorge themselves far more than the wanderers of the Polar sea.

Hot Springs, Arkansas

[Note.—Dr. Scott's paper was received several weeks since and placed on the rejected list. It is inserted now as an introduction to a resumé of a remarkable paper by Dr. Austin Flint, Jr., which appeared in

the *American Journal of the Medical Sciences*, for April, 1879: "Experiments and Reflections upon Animal Heat:"

Dr. Flint starts out with the propositions that there is a constant generation of heat within the body, which is sufficient to maintain the animal temperature and to compensate the loss of heat from the surface; that this internal production of heat is connected with the general process of nutrition, and must involve changes in the form of matter within the animal organism; that carbonic acid is constantly discharged from the body—this being one of the most important products connected with changes of matter which produce heat; and finally, that the body constantly consumes oxygen—oxidation being a process connected with most of the changes involved in colorification.

He assumes that, under ordinary conditions of nutrition, the food furnishes all the material for maintaining the heat of the body and for the development of force in work, such as the muscular work of respiration and circulation and general muscular effort; if food is not furnished for a certain time, these must be accomplished at the expense of the body itself, and the individual loses weight.

A heat-unit is the amount required to raise one pound of water one degree of the Fahrenheit scale; this, it has been determined by experiment, when converted into mechanical force, will raise seven hundred and seventy-two pounds one foot high, or is equal to seven hundred and seventy-two foot-pounds. By burning different articles of food in oxygen, physiologists have calculated their heat value, expressed in a certain number of heat-units. It has been calculated that a certain proportion of these heat-units serves to maintain the standard animal heat; another proportion is converted into force used in the muscular work of respiration and circulation; while another proportion is used in ordinary muscular work. If an excess of food is supplied over these requirements, a part of it is not used and the body will gain in weight; if less is furnished than is needed, a part of the tissues are consumed and there must be loss of weight.

He proceeds to give a description of the method employed by Frankland, in 1866, to estimate the force-value of various articles of food—for this we have no space and must refer the reader to Dr. Flint's memoir. Frankland assumes that the same quantity of heat is produced by the oxidation, under all circumstances, of a definite unit of oxidizable matter, hence it is necessary simply to deduct from the heat value of food the heat-value remaining in those parts that pass out of the body in an unoxidized form to arrive at the heat produced by these substances while in the body.

Senator's ohservations upon dogs are cited. This experimentor ascertained pretty definitely that the heat actually produced in the body amounted to 4.212 heat-units per hour per pound of body weight. Also Dr. John C. Draper's experiments upon himself, which produced similar results, viz: that the body produces four heat-units per pound per hour, the heat-unit representing the raising of one pound of water one degree Fahr.

Dr. Flint accepts the data furnished by Senator and Draper, regarding the amount of heat developed in the body, and those of Frankland regarding the heat-units produced by the oxidation of various articles of food.

A discussion of the doctrine of the conservation or persistence of force then follows. He expresses a want of perfect faith in this doctrine when animal bodies are concerned. He admits that experiments have shown that the fall of seven hundred and seventy-two pounds through the distance of one foot, or the fall of one pound through a distance of seven hundred and seventy-two feet, will produce a quantity of heat sufficient to raise the temperature of one pound of water one degree Fahr.; but says there is no positive experimental proof that such a quantity of heat will raise seven hundred and seventy-two pounds one foot, or one pound seven hundred and seventy-two feet.

Besides, he thinks there is no logical necessity for applying to animal physiology the law that one heat-unit is equal to seven hundred and seventy-two pounds of mechanical force. He admits that one reason why this law is not supported by experimental facts is that there are no accurate formulæ which will enable us to express the force used in circulation, respiration, and general muscular effort in definite units such as foot-pounds. He then makes the following statement:

"The experiments of Frankland, which I have already discussed, show that certain

articles of food, when oxidized, produce a certain quantity of heat. It may be assumed that the amount of heat thus produced will always be the same whether the oxidation be slow or rapid. Animal heat and the force exerted by the body must be derived, directly or indirectly, from food. The quantity of food taken within a certain time can be measured, and the heat-value of such food may be determined. If the food taken can be shown to possess a heat-value which is manifestly in excess of the total ascertainable heat and force developed in the body, we can understand how a certain amount may pass away in such a manner that we cannot with certainty determine how it is lost. Experimental methods in physiology are not so exact as to enable us to follow all the changes which take place in the body, as is well known. But if, on the other hand, the estimated heat-value of food should fall far short of accounting for the heat and force generated in the body, there would seem to be a fatal error either in the law or in its application."

Then follows "Observation 1," that of a man who walked three hundred and seventeen and one-half miles in five days. In this case it was estimated that the heat-units expended in the time were as follows:

Heat-units produced (animal heat), 55,-440.00; heat-units converted into force, expended in walking three hundred and seventeen and one-half miles (estimated), 12,538.87; heat-units converted into force expended in circulation and respiration (estimated), 3,886.00; total expended in five days, 71,864.57; total heat-units derived from all kinds of food and from loss of body-weight, 32,938.05; unaccounted for, 38,926.52.

Thus it is seen that about fifty-five per cent. of the heat-units used cannot be accounted for by the estimated heat value of the food and of the loss of body weight.

In "Observation 2," which records an experiment made upon himself fasting for twenty-four hours, it was found that a little less than one-third of the heat produced during the twenty-four hours of fasting could not be accounted for by the heat represented by the urinary nitrogen and the carbon eliminated. He estimates that about thirty-two ounces of water are lost during the day by the lungs and skin, one-ninth of which is hydrogen. Now, if it could be proven that water is formed in the body by the direct combination of oxygen with hydrogen, then the deficit would be accounted for. The heat value of one ounce of hydrogen being 3892.5 heat-units.

"Observation 3," made upon himself while partaking of a full diet, showed that about one-sixth of the heat produced by the body remained unaccounted for by the heat value of the food taken, the body weight remaining unaltered.

As to the possible oxidation of hydrogen in the body, resulting in the formation of water and the production of heat, he states that the idea is by no means novel, but that heretofore there has been no experimental demonstration of the fact. During the first experiment upon himself he fasted for thirty-three hours, for twenty-four of which no food was taken after the digestion of articles taken about nine hours before had been completed, he discharged about thirty-two ounces of water by the lungs and skin, and thirty-four ounces of water in the urine, making a total discharge of water of sixty-six ounces. During this period, he drank twenty ounces of water, leaving forty-six ounces over and above the quantity taken. His loss of weight was fifty-six ounces, of which he estimates a loss of about ten ounces in solid matters in the urine and carbon by the lungs. Was this forty-six ounces of water lost simply a discharge of water already formed, from the blood and watery parts of the tissues, or was it in part of water actually formed in the body by the union of oxygen and hydrogen? If there be an actual deficit in the watery parts of the body, there is usually thirst. Dr. Flint did not suffer from thirst, in fact drank more than he actually felt the need of. Besides, he states that the recent experiments of Valentin, Panum, Colin, and others, have shown that abstinence from food has very little effect in diminishing the volume of the blood. These facts he thinks are favorable to the view that the water discharged did not all come directly from the blood.

He believes that he has furnished good evidence to prove that nearly all the animal heat is produced by oxidation, in the body, of certain elements, chiefly nitrogen, carbon and hydrogen; that this process does not take place entirely in the blood but in the substance of the various tissues in connection with the general processes of nutrition and disassimilation; that we cannot account for the heat actually produced in the body by the amount of nitrogen and carbon con-

sumed, as indicated by the amount of urea and carbonic acid discharged. If, however, it be admitted that hydrogen is oxidized in the body, then the difficulty disappears, and we are able to account for all the heat produced, leaving an excess which may be converted into motion. He presumes that there is an active and unusual oxidation of both hydrogen and carbon in fevers.

Alcohol being largely composed of hydrogen, theoretically it is easy to see how it may furnish material to supply heat and save waste of tissue in fevers.

He concludes his essay with the followlng query:

"If the excessive heat produced in essential fevers be due in part to an excessive oxidation of hydrogen, why would not the exhaustion and rapid emaciation which attend the progress of fevers be more or less moderated by supplying hydrogen to the system in the form of fatty matters, starchy matters, sugar and alcohol, until the fever has run its course; and might not this supply, to a certain extent, the abnormal waste of tissue?"

Dr. Scott's objection that carbonic acid could not be formed in the body because carbon does not combine with oxygen at common temperatures, is readily met with the counter-statement that carbonic acid is not decomposable into its elements, carbon and oxygen, at common temperatures. However this does occur in the leaf of the plant at common temperatures, and, in some cases at least, at quite a low temperature. It will be observed that no allowance is made for the amount of force consumed in *mental* operations.—EDITOR RECORD.]

Clinical Reports.

ON THE USE OF JABORANDI IN WHOOPING-COUGH.

BY E. A. DE CAILHOL, M. D.

On March 28th, in the evening, I was called to see a young French boy, aged five years, stout, and of strong constitution, who had an attack of whooping-cough.

His parents told me that for the last three or four days they had remarked that every evening between five and six o'clock the paroxysms seemed to increase in severity—that they grew worse and worse until they had become very alarming.

When I saw the child he was laboring under a violent paroxysm; his face was congested and cyanotic; the spasmodic cough threatening suffocation; skin dry; pulse 140 per minute, and temperature 104° F.

Knowing by long experience that the treatment of this affection is usually very troublesome from the length of time it requires to effect a cure, I concluded to try an entirely new treatment with this well-marked case.

Into two ounces of water I put sixty drops of the fluid extract of jaborandi (prepared by Parke, Davis & Co.). I intentionally mention the manufacturers, because in several instances I have remarked that their preparations were more powerful in their effects than those of some other firms. The medicine was directed to be given by the teaspoonful every ten or fifteen minutes until one-half of the mixture should be taken.

An hour or so later I visited the patient again and found him perspiring freely, he had already vomited large quantities of mucosities and was still vomiting; temperature and pulse quite normal. I remained for nearly an hour with the family on *account of the vomiting being so persistent*, and during that time he did not cough once. When I left he was sleeping soundly.

At half-past six o'clock, next evening, I called again. The mother said that during the entire day the child had had no cough, but that between five and six o'clock the trouble had again commenced, *but not so soon* as the day before. The pulse was then 130, temperature 102° F., skin dry, face congested, etc.

I advised the administration of the remains of the mixture left from the preceding day, and to stop giving it as soon as the

child should vomit, which directions were carried out.

When I called, two hours later, there was only a teaspoonful of the medicine left in the bottle. Pulse and temperature normal, and the child drenched in perspiration. He had again vomited much phlegm, and this time was profusely salivated.

Next day at about the same hour, the child coughed once or twice, but had no fever or other unpleasant symptom; the fourth day there was no cough at all, and since then he has been entirely well.

Have we a specific for whooping-cough in jaborandi?

2613 South 7th st., St. Louis.

Translations.

(Translated for the Clinical Record.)

Treatment of the Intractable Vomiting of Pregnancy.—Dr. J. Michellet writes to the *Journal de méd. et de chir. pratiques*, avril, 1879, an interesting communication on this subject—the more so as M. Depaul has disputed the efficacy of the means employed in the treatment. The following is a summary of the case: Madam X——, habitually enjoyed good health, having always been regular, and never having any pain during menstruation, was married in July, 1875. In the following December menstruation did not occur; she believed herself pregnant, and two months later was convinced of the fact by the occurrence of glairy and bilious vomiting. In spite of this she had a good appetite until the middle of the third month, when she began to feel disgust for food, was obliged to force herself to eat a little at each meal and still vomited what she had eaten with so much trouble. Gradually her appetite diappeared completely, and it became impossible for her to take anything whatsoever without rejecting it at once. The milk and eggs advised to constitute her sole diet were not retained.

Tepid baths were then advised, but instead of alleviating, they caused fatigue, and they soon were given up. Ice, injections of morphia, oxalate of cerium, and all the antispasmodics were in turn tried, but without success; on the contrary, the vomiting seemed to be aggravated by every attempt made to arrest it.

In the last half of the fourth month the vomiting became entirely uncontrolable; then, and especially in the course of the fifth month, Madam X. was taken with violent attacks of suffocation, with a sensation of constriction about the chest and epigastrium, and loss of consciousness. These attacks occurred several times a day. To meet this condition, blisters sprinkled with morphia to the epigastrium and a cotton girdle saturated with tincture of iodine were tried, but in vain.

The vaginal touch was employed several times, but the uterus presented no abnormal condition that could explain the symptoms. The neck was slightly softened and the os round, such as is usually observed in primiparæ at this period. The fœtal movements were felt, and the beating of the fœtal heart was distinctly audible.

Finally at the end of the fifth month, she having reached such a degree of weakness and emaciation that a fatal issue was inevitable, in accordance with the opinion of two medical counsellors, it was determined to produce an abortion. Solely on account of the patient's weakness and the slight degree of dilatation of the neck, it was determined to proceed slowly, and dilate progressively, by means of sponge tents. The tent used had been prepared in wax, hence not much could be expected from it; the os was so slightly opened that its introduction was extremely difficult, and only effected to a slight extent. In spite of this, an action was produced, for the vomiting was less frequent during the night. The next day a properly prepared tent was introduced fully into the neck, where it was permitted to remain several days; the vomiting ceased

from the second day. Notwithstanding this amelioration, another tent was introduced, which was left in place four days, at the end of which time the vomiting not having returned, all further attempts were abandoned, and the pregnancy went on to a happy termination on the 31st of the following August. The child was perfect and living. Her getting up was without difficulty; three weeks after delivery she was well and about.

In April, 1877, she again missed her catamenia. She dreaded pregnancy on account of her former experience, but the doctor promised that she should not be allowed to reach such a condition again. In the third month disgust for food and vomiting reappeared, and she reminded Dr. M. of his promise. Desiring to relieve her as soon as possible, and fearing to operate upon the uterus too soon and thus induce abortion, she was sent to M. Depaul, in Paris. This great obstetrician examined her, was informed of her condition in her first pregnancy, and advised her to—wait. He saw nothing alarming in her condition, and said that the cessation of the vomiting on the introduction of the tents into the cervix, was simply a coincidence.

She returned as she had left, and the vomiting continued to get worse. Now the husband became solicitous about her condition and insisted upon the treatment that had succeeded so well before. This time the os was more dilated, the sponge was easily introduced, and from the first application all vomiting ceased. She had excellent health throughout her pregnancy, had a good appetite and did not vomit. She was delivered of twins in the following December. She has since remained well, and feels nothing of what she suffered after her first pregnancy.

A Remarkable Case of Menstruation. (*Ibid.*) Dr. Rodséwitch reports (*Vratschenya Vedomosti*) the following fact: A peasant's widow, of the province of Nijni-Novgorod, menstruated for the first time at the age of thirty-six years. She had her first sexual relations in her fifteenth year, before menstruating. Since that time, and during her entire married life, she was constantly pregnant or nursing, without any menstrual flow. Her husband died when she was thirty-six years old, since which time her monthly flow has returned with great regularity. She had twins at her second, fourth and eighth confinement, so she had sixteen children.

[Note.—We had a patient recently who had had five children within ten years, and who had never menstruated during that time. The fifth labor was premature, and was followed by profuse leucorrhœa, and frequent and irregular menstruation. It is probable that if the fifth labor had occurred at term, we might at some future time have been able to record nearly as remarkable a case as that of the Russian physician.—Ed. Record.]

Reflex Inflammations.—(*Ibid.*) Under this name are described certain inflammations which are produced at a distance, following a prolonged irritation of some region of the body, at a point that is sometimes symmetrical but always innervated by nervous branches coming from the same region of the spinal cord. Thus has been explained the ophthalmia termed sympathetic, the lesions of the viscera following extensive burns of the skin, etc. Hollopeau and Neumann report in the *Gazette médicale*, a case of inflammation which may be explained on this theory. To a man affected with some undetermined thoracic pain, two blisters were applied over the same point between the left border of the sternum and the nipple. They were followed by severe pain with inflammation of the skin that implicated the left nipple. These symptoms soon declined, and at this moment pain was felt in the right breast, where small elevations were soon formed, consisting, manifestly, of the sebaceous glands of

the region, some of which soon took on the appearance of small furuncles. The entire breast was hard, red and painful. Four abscesses were formed, after the opening of which the inflammatory phenomena completely disappeared. The authors claim that here was produced an inflammation of a reflex type; that it was neither produced by propagation (continuity of structure), as it was easy to be assured of, nor by simple coincidence, as inflammation of the breast is extremely rare in man. We may say that the events occurred as if the irritation of the nerves of the areola of the left nipple was transmitted in the spinal cord at the nuclei of origin of the nerves of the right areola, and provoked through their intermediacy a disturbance in the nutrition of this region. This is the same mechanism that Vulpian has invoked to explain, in a general manner, the production of reflex inflammations.

INFLUENCE OF THE TOBACCO HABIT UPON THE ACTION OF MEDICINES.—Dr. Bertherand read to the Society Against the Use of Tobacco (*Gazette méd. de l'Algérie*) the following note, which is interesting to every practitioner:

In my "Studies on the Tobacco Habit," I recall a fact, that I believe I was the first to point out in the second edition of my Precis des maladies véneriénnes, viz: that, other things being equal, great smokers are much less sensitive than non-smokers to the action of heroic medicaments, such as mercury, among syphilitic cases. I have attributed this particularity to the saburral state of the primæ viæ, to the dyspepsia, to which persons who abuse tobacco are subject. To-day, I take the following considerations from a book recently published by M. Germain Sée, on the "Diagnosis and Treatment of Diseases of the Heart," which, although relating to another agent of the materia medica—chloral—appears to me not indifferent to my thesis as cited above:

"There are," he says, "individuals who are refractory to this remedy, and others whose susceptibility is such that the slightest doses lead to disastrous results. It has been pretended that chloral induces sleep less easily in drinkers, *smokers* and the insane. * * * * * Smokers have the cerebro-spinal system invaded, so to say, *occupied* by tobacco; other poisons (or medicaments) produce their effects upon the brain in these persons only in doses that would prove toxic in the physiological condition."

I can but esteem it as a happy circumstance that my opinion promulgated nearly ten years since should have the endorsement of so competent an authority. While not giving up the explanation that I have already given of the phenomena, I hasten to admit that the idea expressed by M. Germain Sée, of an acquired toxic saturation, perhaps gives a better interpretation, while enlarging the extent and character of the refractory idiosyncracy, the reality of which is again confirmed.

Excessive smokers should take warning. Not only does the abuse which is so dear to them, affect the integrity of their health, but, when the latter is deranged, the most precious resources of the materia medica are rendered powerless to cure, or even to palliate.

Extracts and Abstracts.

CHLORATE OF POTASSA.—Dr. A. Jacobi, in the *Medical Record*, March 15, 1879, reviews the "remedial and fatal effects" of this drug. He concludes that its principal value consists in its effects upon catarrhal and follicular stomatitis, and in mercurial stomatitis. In regard to its supposed specific effects in diphtheria, he makes the following statement of his position: "It is this: that chlorate of potassa is a valuable remedy in diphtheria, but that it is not *the* remedy for diphtheria. There are very few cases of diphtheria which do not exhibit larger surfaces of either pharyngitis or stomatitis than of diphtheritic exudation. There are also a number of cases of stoma-

titis and pharyngitis, during every epidemic of diphtheria, which must be referred to the epidemic, perhaps, as introductory stages, but which still do not show the characteristic symptoms of the disease. * * * * * * Such cases of pharyngitis and stomatitis, no matter whether under the influence of an epidemic or not, furnish an indication for the use of chlorate of potassa. They will get well with this treatment alone. The cases of genuine diphtheria complicated with a great deal of stomatitis and pharyngitis also indicate the use of chlorate of potassa; not as a remedy for the diphtheria, but as a remedy for the accompanying catarrhal condition in the neighborhood of the diphtheritic exudation. For, it is a fact that, as long as the parts in the neighborhood of the diphtheritic exudation are in a healthy condition, there is but little danger of the disease spreading over the surface. Whenever the neighboring surface is affected with catarrh, or inflammation, or injury, so that the epithelium is loose or removed, the diphtheritic exudation will spread within a very short time. Thus chlorate of potassa or soda, which is more soluble and more easily digested than the former, will act as a preventive rather than as a curative remedy. Therefore it is, that common cases of pharyngeal diphtheria will recover under this treatment alone, nothing else being required.

"The cases of diphtheria in which the exudation is limited to the tonsils are by no means dangerous, for the lymphatic communication between the tonsils and the rest of the body is none at all, or very trifling. Thus no absorption into the circulation can take place from a tonsillar diphtheritis alone. The surrounding stomatitis and pharyngitis will be favorably influenced by the administration of chlorate of potassa or soda, and thus the entire disease will run a favorable course, inasmuch as the tonsillar exudation will be removed within three or six days. The surrounding portions of the mouth and fauces in the meanwhile being put into a tolerably healthy condition, the danger is passed. These are the cases which have given the reputation to chlorate of potassa as a remedy for diptheria.

"The dose of chlorate of potassa for a child two or three years old should not be larger than half a drachm (2 grammes) in twenty-four hours. A baby of one year or less should not take more than one scruple (1¼ grammes) a day. The dose for an adult should not be more than a drachm and one-half, or at most two drachms (6 or 8 grammes) in the course of twenty-four hours."

He recommends that the medicine should be largely diluted, given at frequent intervals (twice or thrice per hour), and not combined with honey or syrup. Water should not be drunk immediately after taking it, for the *local* effect is principally desired.

He thinks that the chlorate has no special effect upon affections of the respiratory, gastro-intestinal or genito-urinary mucous membranes, in which it has been prescribed.

Dr. Jacobi then quotes a large number of cases in which the use of *large doses* of the chlorate gave rise to alarming symptoms and even fatal results. The phenomena observed were those of acute nephritis, one of the most dangerous of diseases. He concludes that chlorate of potassa is not an indifferent remedy; that chronic nephritis is certainly met with much oftener than formerly, that "many a death certificate ought to bear the inscription of nephritis instead of meningitis, convulsions, or acute pulmonary œdema," and that diphtheria and chlorate of potassa are mainly responsible for this increase within the twenty years past. As he has often met medical men unaware of the possible dangers connected with the indiscriminate use of the drug, he has been induced to again bring up the subject. For the same reason we make this extensive abstract.

Excision of the Epiglottis.—Dr. Wm. Porter, of St. Louis, presents an interesting article on this subject in the *American Journal of the Medical Sciences* for April, 1879. Dr. Porter answers possible objections to the operation with these propositions:

"1st. A diseased and ulcerated epiglottis is, of itself, oftentimes, an obstacle to deglutition.

2d. In certain affections of the epiglottis, especially when of malignant nature, its destruction is inevitable, and involvment of the surrounding structures certain, if the process is not previously limited.

3d. Removal of the epiglottis does not, necessarily, directly or indirectly, threaten either the life or the comfort of the patient."

The first and second statements must be

conceded as true, and the third he supports with arguments and cases. Normally, the epiglottis assists swallowing by dropping backwards and downwards, forming a door to the larynx, which rises to meet it. When the epiglottis is thickened or ulcerated, as is seen constantly in the practice of laryngologists, liquids cannot be taken until the patient learns to swallow without the assistance of this organ; the base of the tongue may supply its place by covering the laryngeal entrance, the larynx being further secured by the action of its proper muscles. The epiglottis also acts, to some extent, as a sounding-board, reflecting the sound wave to the pharynx, where it is in part articulated. When it is destroyed the voice may be rough and harsh, especially if the edge of the cartilage remains irregular in outline.

Two cases are quoted from Baron Larray, one, of Marshal Murat, who lost a portion of his epiglottis, by having it cut off by a musket ball, at the battle of Aboukir. He recovered perfectly, so far as deglutition was concerned. The second was that of a soldier who lost the entire cartilage by a gun-shot wound in Egypt, in 1801. After recovery he could swallow without difficulty.

Dr. Joseph L. Bauer, then of Vinita, I. T., now of St. Libory, Ill., reported to Dr. Porter a case of entire destruction of the epiglottis by hereditary syphilis, in a girl of seventeen years, who was able to perform deglutition readily. The voice was badly affected.

Two cases are reported from Dr. Porter's case-book. One of these exhibited complete destruction of the epiglottis, in the other it was three-fourths destroyed; in both, the cause was syphilis. The voice was much changed in both cases, but deglutition was easily and safely accomplished.

Dr. Porter's third case (operative) was one of removal of one-half of the epiglottis with a cartilaginous neoplasm which had already caused difficult deglutition and marked change in the voice. Antero-posterior rectangular forceps with cutting edge were used, and the hemorrhage was quickly checked with Monsel's salt applied by means of a sponge to the cut surface. The patient had already learned to supply the loss of the physiological functions of the cartilage, hence no artificial aid to deglutition was necessary. Deglutition was at no time more difficult than just before the operation. The cut surfaces healed in a fortnight.

Dr. Porter concludes his very valuable paper as follows: "If a benign growth of the epiglottis exist, or there is malignant disease which has not as yet implicated the surrounding parts, removal of the epiglottis, or such a part of it as is involved, is practicable and justifiable."

Impregnation by Misadventure.—Sam'l B. Ward, A. M., M. D., one of the professors of surgery in the Albany Medical College, read a paper before the Albany County Medical Society, Nov. 6, 1878, which appears in the *American Journal of Obstetrics* for April, 1878, and which is of considerable medico-legal importance—*provided* the courts can be convinced of the accuracy of the statements which it contains. We quote:

"On December 8, 18—, Mr. X. consulted me, giving the following history: The young lady to whom he is engaged to be married commenced to menstruate on November 8, and the flow ceased on November 10, in consequence of exposure to cold, her usual period of menstruation being five to six days. 'On the evening of November 20,' he further stated, 'my intended was lying at the back of a sofa, on account of some temporary indisposition, and I was half reclining at her side, my feet on the floor, my head on the pillow beside hers, and my buttocks on the edge of the sofa. After some conversation in the positions I have described, she fell asleep, and I, being excessively tired by a long and hard day's work, very soon did the same. Her parents, being fatigued, had previously retired to bed. It was about 10 P. M., when we fell asleep, and I soon had a lascivious dream. The next thing of which I am conscious is that I was awakened, as had frequently occurred before, by being on the point of having a seminal emission, and to my utter horror found my intended's clothes drawn up, her drawers unbuttoned, my pants open, and my penis between her thighs. I am certain that I did not have full connection with her, but it is possible that the head of my penis may have passed between the labia; but at the time of the emission I am absolutely certain that the head of my penis was so entirely outside of her external genitals that the discharge covered her thighs and labia, and, when wiped off with a handkerchief, thoroughly saturated it, besides soiling her drawers. I

was so horrified at what had occurred that I was sweating at every pore, until my underclothing was saturated. Nothing of any importance has occurred since; I have, of course, had no connection with her. On December 6, she ought to have had her courses, and has not. What are the chances of her being pregnant?'" Dr. Ward continues: "I knew the man well, was and am perfectly confident that he told me the entire truth, so far as he knew it, and that he himself was one of the few in our day who had never before had connection with a woman. How should I answer him? I replied that, in my opinion, it was perfectly *possible* that she *might* be pregnant; but that, if he had told me the exact and whole truth, the chances were a hundred to one against pregnancy. And so I firmly believed."

In spite of this opinion she proved to be pregnant. Physical examination revealed no signs of pregnancy. In February she suffered much pain and the presence of a polypus was suspected. Many attempts were persistently made to dilate the neck of the womb, so as to allow of a complete exploration of the uterine cavity. From the 4th to the 12th of February, these efforts were kept up; on the evening of the 12th a three month's fœtus was expelled. The patient made a rapid and good recovery, was subsequently married, became again pregnant at once, and has never miscarried since.

Dr. Ward firmly believes the statements of his client, but gives no description of the appearance of the genital organs of the woman. It is possible that some other man had been more successful in affecting an entrance when *awake*, than was Mr. X. in the somnambulic condition described by himself.

Dr. Ward concludes his paper as follows: "My impression is that impregnation would seldom result if the spermatozoa had not a proper motion of their own, and a life of several days under favorable circumstances.

The case would seem to teach, then, that pregnancy may ensue when the semen is simply thrown against the vulva, and afterwards most of it wiped off."

[The Scottish judges have decided that it is possible that a man may have connection with a woman while she is asleep and hence unconscious (Edinburg *Monthly Journal*, Dec. 1862). See also Taylor's Manual of Medical Jurisprudence, last American edition, in which Prof. Reese relates a case, but the above is the first case we have read of in which *both* parties were asleep when the act of impregnation occurred. Like la Senneschalle in Balzac's "Contes Drolatiques" (Le Péché Véniél), it is possible that there was simulation of sleep on the part of one or both of these dreamers. Perhaps the most amusing circumstance about Dr. Ward's case, is his absolute faith in the truth of the story.—Ed. Record.]

Anomalous Monstrosity.—Dr. W. T. Plant, of Syracuse, N. Y. (*Obstet. Gazette*, March, 1879), describes a specimen obtained by a medical friend in his practice:

"It had been a dry labor, the waters having escaped at the beginning. The head presented. When the body was born he was surprised to find that it seemed to terminate with the pelvis. In the place of the lower limbs he found a large fleshy mass attached to the buttocks. There was no umbilical cord to be seen, nor was there any vestige of any connection between the 'monstrosity' and the uterus apparent.

"For a moment after its birth it made some feeble efforts at respiration, but these soon ceased. In the presence of such deformity it seemed hardly worth while to attempt resuscitation. Continued existence, even if possible, could only bring disappointment to the parents and misfortune to itself. So it was humanely(?) left to its fate. The struggle for breath well over, the *anomaly* was wrapped in a napkin and the undertaker notified.

"I saw it the next day. It appeared to be as the doctor described it. Apparently there were no lower extremities. The trunk was terminated by a bloody and fleshy mass as though an immense hæmatoid cancer had sprouted from the outlet of the pelvis."

On close examination this fungous excrescence was found to have only an apparent attachment to the body—in fact it was the placenta spread flatly over the buttocks, its outer or fœtal surface being next the child, and the cord was coiled under it.

He next observed that the features and arms of the child were not distinctly visible, but were half hidden by a thin vestment. This covering being slit up with the shears, it proved to be the fœtal membranes still

surrounding the entire fœtus. "The fluid having been discharged early, the uterine contractions had forced the sac into so close contact with the body that it had taken its exact form—a close investment, like the tights of an actor." In fine, when freed from the deceptive encumbrances that had caused it its life, the monstrosity presented itself as a perfectly formed male infant.

Pasteur's Suggestions for Self-Protection Against Epidemic Diseases.—In a recent discussion in the Paris Academy of Medicine, M. Pasteur, being asked how he would proceed to study the plague or other virulent disease without danger to himself, gave the following suggestions: "These difficult studies should be undertaken with an unprejudiced mind, and in the same methodical manner that a chemist analyses a mineral. In order to do this it should be understood that contagions and infections are neither so common nor so ready of transmission as might be supposed if their sudden and mysterious appearance were considered alone. I should proceed to the study of endemic plague without any fear, simply taking the following precautions, and these are probably exaggerated: Spectacles, furnished with cotton wool between their edges and the skin; cover the mouth and nose with a filter of cotton wool, re-heat all my food myself, and drink nothing but natural mineral waters, or waters taken directly from springs or that had passed through several metres thickness of soil. Any water might be used that had first been heated to 110° or 120° C. (230° to 248° F.) and, after cooling, shaken in fresh air to aërate it.

Dr. Rochard protested strongly against the physician tricking himself out in such a masquerade costume. He contended that the doctor who attends the sick should do everything to sustain their moral strength and to encourage them, and that the first effect of such a costume would be to inspire fear as to their fate in the minds of patients. He said: "The physician is a soldier who should go into the battle with his face uncovered. He falls valiently for the good cause."—Condensed from *The Practitioner* and the *Journal de méd. et de chir. pratiques*, April, 1879.

The Time for Beginning the Constitutional Treatment of Syphilis.—(Wiener *Med. Wochenschrift*, No. 10, 1879—Beliner *Klin. Wochenschrift*, March 24, 1879—Cincinnati *Lancet and Clinic*, April 26, 1879). It is von Sigmond's opinion, the result of extensive experience, that the secondary period of the disease is the proper time to commence general medication; even at this stage he saw no necessity for haste, unless several systems or organs were affected, or the disease was of a very severe type, or in case the general physical condition of the patient appeared to suffer. When of the lighter grade and confined to single organs, ordinary local treatment will usually suffice, even in the secondary stage. Abundant experience had satisfied him that anti-syphilitic general treatment during the primary stage exerted no influence upon its course, except in some cases the debilitating course of treatment postponed a cure. Of those treated simply locally at the outset, a large proportion—almost forty per cent. of all infected—presented very slight secondary symptoms, sometimes scarcely noticeable by the patients themselves. In the milder class of these secondary manifestations, complete and permanent cure very often followed simple local means. On the other hand, experience has also shown that a general treatment, begun late in the secondary period, is followed by more rapid and permanent results than if undertaken at an earlier date. In his concluding remarks he insists upon the importance in each stage of the disease, of careful attention to the hygienic and dietetic conditions and of prompt treatment of all complicating constitutional diseases.

Chaulmoogra Oil has been recommended as a specific in phthisis pulmonalis, but Dr. I. Burney Yeo, physician to the Brompton Hospital has made a thorough trial of it in nine cases and reports (*The Practitioner*, April, 1879) only negative results. The oil has a nauseous flavor which renders its administration more difficult than that of cod-liver oil. Dr. Yeo suggests that it may be given in *perles*, which would remove this objection. In one case there was decided improvement, but this was not surely diagnosticated as one of phthisis, it may have been simply a case of pleuritis, besides strong tonics with iron were given and active counter-irritation was employed in this case, which might account for the improvement observed irrespective to the effects of the oil. Dr. Liveing states that he has obtained remarkable results from the use of this oil in leprosy.

Cod Liver Oil Emulsion (*Druggists' Circular*, from London *Pharm. Journal*).—Wm. Gilmour recommends the following method of preparing a good emulsion: Three drachms of the finest powdered white gum tragacanth is to be rubbed up in a large mortar with three ounces of glycerine. Add to this as much boiling water as will convert it into a thick transparent jelly, from eight to ten ounces will probably be required. After cooling, add the cod-liver oil, which should first be mixed either with plain water or lime water, in the proportion of one of the latter to three of the oil; or if, as is customary, the emulsion is to contain the hypophosphites of lime or soda, let these be added to the plain water previous to mixing with the oil, and then let this primary emulsion be gradually added to the mucilage of tragacanth with constant stirring. In the process of mixing, the emulsion not only creams, but also thickens up to a certain point, and individual taste must settle the extent to which the mixture may be carried. He has found that three drachms of tragacanth will emulsify from fifty to eighty ounces of the primary emulsion, the former quantity being very thick and not easily poured from the mortar, the latter quantity flowing more freely and forming what he considers the better emulsion. In mixing, care must be taken not to add the one to the other too hurriedly, otherwise there will be no emulsion, it will simply break up into clotted masses that no amount of labor will bring back to the emulsified form. If this should happen, it will be better to begin anew with a small quantity of fresh mucilage, to which the clotted mass should be carefully added by degrees. This is the only way of bringing it back to its proper form.

Sulphur in Dipitheria.—Mr. John A. Erskine Stuart (*The Practitioner*, April, 1879) reports one case occurring in his own practice of well marked diphtheria which appeared to demonstrate the good effects of topical applications of sulphur to the patches of false membrane in diphtheria. The sulphur powder was blown through a quill directly upon each patch of false membrane, which soon turned black and came away. He says: "How it detaches the newly-formed exudation, unless by killing it, is a puzzle wanting an answer." "Although the diphtheritic membrane was quickly dissipated in this case, yet the patient suffered afterwards from a slight attack of paralysis of the larynx and pharynx. Shortly afterwards his elder brother took diphtheria, but the mother, by means of the sulphur treatment, cured him." A case of this disease, worse than the recorded one, was treated successfully by him, by swabbing sulphur and water on the membrane.

Dr. Stuart gives credit for the suggestion of this treatment to an American lady physician, Miss Connor, M. D., whom he met on ship-board.

Forceps in the Bladder.—The London correspondent of the *American Practitioner* relates the case of a lady who had been successfully operated upon for ovarian tumor. Four or five weeks later a celebrated lithotomist discovered a hard substance in the bladder. The ovariotomist operated again and removed the solid body, which being taken to the lithotomist, on examination, proved to be a pair of forceps. She did not survive the second operation. The lady had promised the doctor who took her to the ovariotomist that if she recovered she would marry him. As she was wealthy, the justly disappointed suitor threatens vengeance upon the careless ovariotomist in the form of a suit for damages.

Substitute for Cod-Liver Oil.—Dr. Emmet, in his recent work, gives the following directions for preparing pork for invalids: "I direct a thick portion of a rib piece, free from lean, to be selected and allowed to remain in soak for thirty-six hours before being boiled, the water being frequently changed to get rid of the salt. It should be boiled slowly, and thoroughly cooked, and while boiling, the water must be changed several times by pouring it off, and fresh water nearly boiling substituted. It is to be eaten cold in the form of a sandwich made from stale bread, and both should be cut as thin as possible. It is very nutricious, but it should only be given in small quantities until a taste for it has been acquired. It is the most concentrated form in which food can be taken in the same bulk, and I have frequently seen it retained when the stomach was so irritable that other substances would be rejected. For this condition of the stomach it may be rubbed up thoroughly in a porcelain mortar and then given in minute quantities at a time."

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - MAY, 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

THE ANNUAL MEETINGS.

The American Medical Association is in session as we go to press. The fair city of Atlanta welcomes the members of the profession of medicine most generously, and physicians from widely separated sections will, for all time to come, hold the Gate City and its hospitable people in grateful remembrance.

Perhaps it is all that should be reasonably expected from them, that the ties of social friendship and good-fellowship should be strengthened by the annual meetings of the National Association; perhaps the social elements should properly exclude the purely scientific to a great extent; that the annual banquet should overshadow the annual reports and addresses in the consideration of the army of delegates. It is, perhaps, best that the authority of this body is extremely limited, that it is powerless to enforce its legislative acts upon any except its members. But the men composing it should remember that their utterances —*if they show wisdom*—have much weight with the rank and file of the profession and even with the laity. By wisdom, we mean that congruity with common sense which has been too often lacking in the edicts of the American Medical Association.

One case in point must come up at the present session: we refer to the proposed amendment to the Code of Ethics which prohibits the teaching of any branch of medical science to any one known to intend practicing any of those systems called "irregular" or "exclusive." We hope, for the honor of the profession, that no such despotic rule will be adopted. It would be sadly out of keeping with our pretensions to liberality and freedom of thought if a convention of scientific men should prevent any person from learning the ascertained facts in relation to the anatomy and physiology of his own body, the chemistry of the elements of nature, or the benignant or malignant properties of plants and minerals, simply because the individual declined to accept certain theories or adopted others as true, and did not bind himself to think or act like his instructor. This would be "exclusiveness" of the most dangerous kind.

One of the prime motives for the original formation of the Association was to elevate the standard of medical education. This it has, so far, signally failed to do. Let us see if the low-grade colleges shall control its action at its thirtieth meeting as they have done since A. D. 1847.

The convention of medical editors will also meet at Atlanta. It has been proposed, in some quarters, to form an associated medical press association, limited to a few, self-styled, representative journals—those not controlled by medical schools, cliques, or publication houses. The origin of this proposition—in the *organ* of a low-grade medical school—should at once throw suspicion upon the entire scheme. It is well known that there is no medical fact, no medical news, that can thus be appropriated by an "associated medical press," and thus give the members any valuable privilege over less favored journals, and, consequently, enhance their value to their subscribers. This is the *only* reason for the Associated Press among secular journals. The entire plan, as proposed, is strongly indicative of a snobbish spirit that is clearly

unworthy of a liberal profession, and, at the same time, it is based on the falsest of false pretenses.

A convention of sanitarians will also meet at the same place. We might, possibly, expect that some good might come out of this meeting, were it not for the fact that the vast majority of those who will share in its proceedings will be physicians better skilled in political maneuvres than in sanitation. Until the dross of politics is removed, we shall expect but little of the pure metal of scientific truth to show itself in the crucible. State boards of health and universal quarantine will, undoubtedly, be strongly endorsed and plaintively called for; do they not call for the creation of numerous sinecures to be filled by "political doctors?"

The prospect is not encouraging. Let us wait, a good time *may* be coming.

STATE MEDICAL ASSOCIATION.

The Medical Association of the State of Missouri will hold its annual meeting at Columbia, on the 20th of the present month. We hope that every physician in the State whose health and business will permit will attend. Something may be hoped from the State associations; the interests of physicians in one commonwealth like Missouri are so much in common, there is so much good to be obtained from a free interchange of thought, of modes of practice and of social courtesies, that these local gatherings should be encouraged in every way.

There is another reason why the physicians of Missouri should attend the coming meeting in force: this is to dispossess the selfish clique of would-be great men of their ill-gained laurels. Let the scientific physicians of the State take possession of its representative body and send delegates to the American Medical Association and to sister societies who shall well and truly represent the profession of Missouri in other communities and assemblies.

Another reason why every man who has the interests of medicine at heart should attend is to secure good officers for the coming year. The names of the members of a certain clique are suspiciously frequent upon the lists of officers of the State Association for the past decade. They have done nothing to advance the welfare of the profession for the long years they have held office; hence they should give way to better and abler men.

There are many in the ranks of the profession of our State who deserve well at its hands. There are many who have grown old and honorable in service who would reflect honor upon the profession if honored by it. Let some one of these be chosen as President, let others fill the secondary places, and leave to future years to decide whom of the recent graduates shall prove themselves worthy of such preferment. The graduate of five or six years can wait for the blushing honors; the old standard bearer has not many years remaining in which he can be thus requited for long and faithful service. The propounder of casuistic theorems can certainly take time to acquire some notion of actual medical practice before he presides over the deliberations of men his seniors in study and work. The contriver of ingenious mechanical combinations to facilitate gambling in stocks, bonds or coin, ought to give way before the inventors of means to heal the sick and alleviate human suffering. "A word to the wise," etc.

"PROFESSORS"—SO-CALLED!

The quality of instruction furnished by the low-grade medical colleges is so notoriously poor that it seems scarcely worth proving by documentary evidence. Simply as a matter of amusement, therefore, we present a few notes on the subject. For some of them we are indebted to our able contributor, Dr. C. A. L. Reed, formerly professor of pathology in a Cincinnati

school. Dr. Reed quotes the following, among other choice extracts, from a paper by a "professor:"

"Anatomy, physiology, chemistry, botany and microscopy have assumed for medicine the morning of a vast and glorious kingdom, whose temple of fame will cope with the hand of war and accompany time through eternity."

This is certainly a genuine sun-flower of rhetoric. The different branches of science, as enumerated, have assumed "the morning of a vast and glorious kingdom." Very well, we, for our part, are glad the morning has been put on. That "temple of fame" that copes (contends or struggles) "with the hand of war," must be a truly belligerant sort of temple; it is an ambulant affair also, for it is to "accompany" old father Time in the long journey "through eternity." Those were slow affairs compared with it—those of Baalbeck, of Luxor and of Elephanta!

Again, "Man seems cognate of his duty to man, and is establishing a therapeutical power which no debt of gratitude can repay."

We are not so certain about that. A "debt" is often the only pay that a physician or publisher can obtain for his services, and we do not know way the "therapeutical power" aforesaid, should not be satisfied with the "debt of gratitude" in question. It seems very plain to us that if a "debt of gratitude" can ever repay any one, that the "therapeutical power" ought to be satisfied.

But, after all, the *forte* of the "professor"—like that of some of his St. Louis brothers—is evidently metaphor; what Poe calls that "pleasant variety termed rigmarole."

Speaking of this "professor," who is also the dean of a college, the editor of the Cincinnati *Medical News* makes the following statement:

"A paper that he once read before the Ohio State Medical Society, as his own production, he did not write a single word of, but it was written for him by Dr. M. L. Amick. Dr. Amick also largely prepared his lectures for him. But, notwithstanding the great obligations he was under to Dr. Amick for favors of this kind, his conduct toward him was marked by such a want of principle that he was compelled to resign his place in the college."

"Professors" who have their papers written for them are not limited to any one city. Their *habitat* is very extensive. We have the *facts*, and may write a very spicy article on the subject at some future day.

The way in which the "clinical material," of which some of these self-styled colleges are never weary of boasting, is obtained, is made delightfully plain in another part of Dr. Read's paper. He is writing of a certain "professor" of diseases of women and children:

"He told me himself that when he was short of other clinical material he used one certain prostitute (the students of the college remember her) that was always at hand, for illustrating any of the female diseases which he might have under consideration."

This shows the sort of make-shifts the common "professor" makes use of to deceive students into believing that they are receiving instruction that will prove valuable in their future professional life.

We vividly recollect hearing a "clinical lecture" in St. Louis, in which the "professor" gravely told his hearers that "the lungs were placed under the ribs *for the purpose* of producing a resonant sound when the front of the chest was percussed"(!) and that the liver was placed in the right hypochondrium *for the purpose* of producing dulness on percussion.

Mark Twain, Josh. Billings and the Hawkeye Man would all hide their diminished heads in confusion, should some phonographer some time report and publish the "clinical lectures" of some "professors" we could name.

On another occasion, a "clinical lecturer," at clinic, gravely, and in good faith, described *coma virgil* as a condition present

in a certain case at the St. Louis City Hospital! Dante's guide, on his celebrated journey, would probably delight in showing this "clinical lecturer" to his proper quarters.

It is possible that we may return to this pretty subject on some future occasion.

DEATH OF DR. THEODOR MEYER.—It is our painful duty to record the death of our friend and contributor, Dr. Theodor Meyer, of Belleville, Ill. This took place on the 24th of April, he being sixty-six years of age. He had resided there and practiced his profession for more than thirty years, and leaves many grateful patients and an aged sister to mourn his loss.

Dr. Meyer brought to the country of his adoption a most thorough medical education and large and valuable experience acquired as a medical officer in the Prussian army, and at once took a leading position among the physicians of St. Clair county, which he held until his health declined.

Always kind to his juniors, strict, minute and honorable in the performance of his professional duties, gentle, careful and thorough at the bed-side, he was always looked to for counsel in aggravated and obscure cases. His clear conception and judgment have saved the lives of many patients whom he saw in consultation.

As a surgeon, he had few equals in the earlier days of his practice, and his wise conservatism was always conspicuous, and not seldom prevented the needless sacrifice of a limb, or other mutilation.

In all his aspirations Dr. Meyer was a progressive man; even at an advanced age he made himself master of the microscope as an aid to diagnosis.

When already tortured by an incurable hepatic affection, he had the misfortune to lose his excellent wife, which left him helpless and despondent, and longing for the last resting place, which he has found.

His eminent merits and virtues as man, citizen, physician and friend, found eloquent acknowledgment at his grave, addresses being made by his cherished friend, Dr. L. Bauer, of this city, and by Dr. Perryman, of Belleville, who represented the St. Clair County Medical Society, of which Dr. Meyer had recently been president.

BROMIDIA, manufactured by Messrs. Battle & Co., of St. Louis, is an effective, powerful and safe hypnotic. The bromide of potassium and chloral hydrate are in perfect solution, without decomposition or being rendered turbid on being diluted with water. The cannabis indica, although in small proportion, seems to add to the efficiency of the mixture. Its effects are agreeable and devoid of the depression of the heart's action often noticeable after the exhibition of chloral by itself. Perhaps this is to be ascribed to the cannabis. At all events, practitioners will find it a very trustworthy addition to their list of useful remedies.

COMPOUND TINCTURE OF NEILGHERRY BARK, as prepared by our townsman, Mr. J. C. Richardson, is a prompt and effective remedy for malarial affections. We have tested it in several cases, and have been well satisfied with the results obtained. Mr. Richardson has the East India cinchonia bark imported especially for the manufacture of this preparation, which contains the *combined* alkaloids in a very eligible form for administration. The addition of elixir of liquorice or that of eucalyptus renders it more agreeable.

Book Notices and Reviews.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By Thomas Addis Emmet, M. D., Surgeon to the Woman's Hospital of the State of New York, etc. 8vo. pp. 855. With one hundred and thirty illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $5; Sheep, $6.

Dr. Emmet's work has been looked for with much more than ordinary interest by

all practitioners of gynecology, both in America and Europe. The book as presented is a very satisfactory one; it is *practical*, much of it original, and readable throughout. Dr. Emmet states that its aim is to represent the actual state of gynecology, and we believe he has come very near to accomplishing the end in view. He is very fair to his brother gynecologists—particularly fair to Americans—and has conscientiously endeavored to make his work complete.

The book is divided into forty-three chapters, the first of which is devoted to the Relations of Climate, Education and Social Conditions to Development. We are not entirely in accord with the author when he upbraids the American climate for "rendering us a restless people in both mind and body." We are sure Dr. Emmet has not made a careful study of the great variety of climate to be found within the limits of the United States, however well he may have investigated the effects of climatic influences upon the Atlantic coast. His remarks on the effects of the modern system of education and the effects of our hot-house social habits, are very well expressed, and every observing man can corroborate his statements.

All the instruments necessary for gynecological examinations are described in the second chapter, while the next is occupied with a description of surgical instruments and appliances. In this connection it is something remarkable to note the great improvements introduced into the science by Sims and Emmet. Nearly all the instruments described were either invented or greatly improved by these two men.

In the following chapter (IV) a form is given for recording cases; the proper mode of conducting an examination is described, and the chief points are given from which a diagnosis is to be formed. While containing nothing particularly novel, this chapter is admirable for the clearness of its descriptions, and the simplicity with which important points are delineated. The caution regarding the use of the uterine probe, and the danger of rekindling a latent cellulitis are strongly—not too strongly—insisted upon.

Chapter V is occupied with an enumeration of the causes of pelvic disease, reflex and direct. Some of the author's physiological notions, we believe, he would find some difficulty in substantiating. We may give them the Scottish verdict, "not proven," and allow them to pass without comment, although he writes of them in so dogmatic a manner as to challenge a production of evidence. We shall allude only to his dicta with respect to the influence of fruitfulness and sterility upon morbid growths. On page 83, he writes: "Few unmarried women reach the age of thirty-five without suffering more or less from this condition (congestive hypertrophy) whenever the function of nutrition becomes impaired from the nervous disturbance which is likely to be the earliest manifestation. If this condition is not removed some permanent uterine disease is likely to be set up, generally in the form of a fibrous tumor." The same state of affairs is induced by sterility, and by means taken to prevent conception, says our author. He also says that the presence of the semen in the vagina "is doubtless the natural stimulus for relieving the congestion of the female organs of generation." He also finds that ill-assorted marriages, prostitution and self-abuse lead to the same results. Again, the female who has borne children is not exempt from these growths, especially if she becomes sterile from any cause. Now, sarcoma is usually developed from a fibroid, while "epithelioma, on the contrary, is a condition found developed in the woman who has been unusually healthy, and, as a rule, who has given birth to a number of children beyond the average."

Thus it is seen, apparently, that every woman—maid, wife (happily or unhappily mated) or prostitute—is doomed either to sarcoma or epithelioma of the uterus!

Chapter VI, on the principles of general treatment, is a most excellent one. The last sentence is worthy of being memorized by every student—many a practitioner would be the better for taking it to heart: "The purpose of this chapter has been, and the object in view throughout the work will be, to impress the reader with the fact that *success in the treatment of the diseases of women lies wholly in attention to minute details.*"

The most important part of the seventh chapter, on local treatment, is that devoted to the history and mode of using hot-water vaginal injections. We admit the great therapeutic value of this agency, and that uterine surgery would be deprived of one of its most important curative agents were this one abandoned; at the same time, we believe his explanation of the modus operandi of hot water is faulty to a degree.

An important observation, to our mind, is the following: "I have never applied a leech in my life to the uterus, or scarified the cervix with the view of reducing inflammation." His teaching in regard to the causation of pelvic congestions is, that under ordinary circumstances, they are venous in origin and due to loss of tone in the vessels from impaired nutrition.

The eighth chapter continues the subject of the principles of treatment, especially with reference to displacements, the importance of understanding the pelvic circulation, the affections of the lining membrane of the womb, and applications to the uterine canal. Dr. Emmet's ideas regarding displacements and their causation are already known to our readers, from the summary of his paper given in our report of the proceedings of the last meeting of the American Gynecological Society, hence they do not require repetition in this place. The importance of securing the *proper* degree of elevation of the womb by a pessary is strongly and properly insisted upon. The value of hot water, iodine and glycerine in the treatment of the affections treated of in this chapter, is very plainly indicated. Dr. H. F. Campbell's "pneumatic repositor" is recognized as of great value in the treatment of displacements.

The ninth chapter, on ovulation and menstruation, is an important one. He gives the views of different authors—Engelmann, Williams, Aveling, and others—regarding the physiology of menstruation, but expresses no decided opinion of his own. The twelve tables given are of much value as showing close investigation into the minutiæ of the subjects considered. Next follows a chapter on abnormal changes in the menstrual flow. In relation to dysmenorrhœa, he states that an operation for removal of flexure in the uterine body never, by itself, relieves the trouble—that there is some factor other than the flexure that causes the pain. This section should be as well studied as its value deserves. An amusing note on hysteria occupies about three pages. The suggestions given are good and practical, although we think he does not give sufficient importance to the various nervous conditions included under the general term hysteria.

The following chapter (XI) is an interesting one on congenital absence and accidental atresia of the vagina, with mode of operating for establishing the canal and for evacuating retained menstrual fluid. In the formation of an artificial vagina, he strongly recommends that the operation be performed at once, as giving much better results than when several incisions and dilatations are made; also that the knife should be used as little as possible, the opening made by tearing the tissues being much less likely to close than that made by incision. His arguments for the complete removal of all retained menstrual fluid by thorough injection and washing out of the uterus and fallopian tubes, are certainly good and rational. The influence of septic changes causing septicæmia in the fluid left according to the ancient rules, cannot be overestimated. He apparently proves his

claim to priority in these recommendations. Full reference and credit are given Dr. Richmond, of St. Joseph, Mo., regarding a successful case of operation for absence of the vagina (St. Louis *Medical and Surgical Journal*, Jan. 1877).

Pelvic hæmatocele is then treated of in a perspicuous manner; puncture of the mass and evacuation of the clots is advised against in the large majority of cases, although it is admitted that such a procedure might be demanded in some instances.

Diseases of the pelvic cellular tissue are exhaustively studied in the following chapter (XIII). He would discard Virchow's distinctions between para- and peri-metritis, stating that he has never been able to discriminate between them. In the causation, he suggests that phlebitis is a common factor in pelvic cellular inflammations. The suggestions regarding treatment are excellent but present little novelty, except in the use of a peculiar curved pessary to take the strain off the broad ligament on the side that has suffered from inflammation.

Displacements of the uterus next occupy our author's attention. A general description of the different forms of version and flexure and their causation occupies Chapter XIV. The greatest importance is, of course, attached to obstructions to the circulation in the uterus itself and the surrounding tissues, in the etiology. Then follows a chapter on the etiology and treatment of uterine versions, illustrated by several important statistical tables; then a chapter on pessaries, a very excellent contribution to our knowledge of a confessedly little understood subject. Flexures then receive attention, illustrated by a large number of tables. This is, perhaps, the most important chapter in the book and, by itself, ought to commend the volume to every man who pretends to practice gynecology. He attaches the utmost importance, in the etiology of these affections, to the shortening of the broad ligaments consequent upon inflammation in their structure.

Treatment of flexures of the uterus occupies Chapter XVIII. He believes that more malpractice has been perpetrated throughout the world in the name of Simpson's division of the cervix for uterine flexures, since its introduction, than from any other operative procedure known to the profession. He condemns the use of the intra-uterine stem pessary for the treatment of flexures, as most irrational. He says that "Experience will at last teach every one that no permanent benefit is ever derived from its use; that no degree of tolerance is ever established; but that sooner or later, in almost every case, mischief will result. I have long taught that its use in a flexure would be as irrational as the introduction of a straight steel sound into the urethra for the relief of an existing chordee; the penis might be straightened by force, but the cause of difficulty would certainly not be removed." When the flexure is confined to the neck and is below the vaginal junction, then a surgical operation may be justifiable. Lateral division of the cervix, as practiced by Simpson, is not considered satisfactory; the posterior section, devised by Sims, is better, though neither operation will relieve a flexure of the uterine body. Contrary to Sims, he states that dysmenorrhœa invariably returns after a few months. He records two deaths resulting from the supervention of peritonitis from imprudence on the part of the patient, after this operation. One of these patients sent to him by Dr. Bauer, now of St. Louis, disobeyed instructions regarding taking a bath, after she had been up for several days, and peritonitis, followed by death, resulted; the other took too long a drive, three weeks after the operation, with like fatal consequences.

Procidentia, or prolapse of the uterus, is the next subject for discussion. Operative procedures necessary for the relief of the conditions are well described and clearly illustrated.

Lacerations of the perineum are consid

ered in Chapter XX. Whatever the degree of laceration is present, he always advises an operation for restoring the perineum if he learns that "on suddenly turning in bed, or on making any quick movement, the patient had observed the air to escape from the vagina, as flatus would be from the anus." When the laceration has extended through the sphincter ani, he advises the operation to be performed immediately after delivery.

Inversion of the uterus is treated of in the next chapter. Full credit—although not priority—is given Dr. Jas. P. White, of Buffalo, for his success in reducing inversions of long standing.

Sub-involution of the uterus, then occupies two pages. This condition he attributes to lacerations of the cervix occurring during labor.

The subject last mentioned—laceration of the cervix uteri—is one with which Dr. Emmet's name is connected as that of an original investigator; one which will probably constitute the basis of his fame for all future time. Two chapters are devoted to the subject, and, in themselves, give sufficient reason for the writing of the book. Perhaps Dr. Emmet attributes too great importance to this accident as a factor in the production and perpetuation of uterine diseases in general; this, future observation must determine. We have no space to devote to a full digest of these chapters, hence must refer the reader to the book for the necessary information.

Amputation of the cervix uteri, he holds, should *never* be performed for other than malignant disease. True elongation of the cervix, he states, does not exist. This will be disputed by a very large number of gynecologists, many of them of the highest reputation. A peculiar elastic or *ductile* condition of the cervix is described (page 483), in which the organ seems to be in a condition of extreme elongation whenever traction is made upon it from below. When the patient is made to assume the knee-elbow position "the uterus seems to shut up, falling together as would an old worn-out spyglass if held upright." This condition he believes has often been mistaken for hypertrophic elongation of the cervix. If the operation *is* to be performed, he strongly objects to the galvano-cautery (opposed to John Byrne's teaching) as causing to great cicatricial contraction, to be followed by worse results in the future.

The different forms of cancer of the uterus, vagina, rectum and external genitals are then described and the proper methods of treatment indicated. The lacerations of the cervix are held to answer for the cause of epitheliomata and caulflower growths. Fibrous growths next occupy attention, and many illustrative tables are given in this connection. Hot-water injections, iodine and the judicious use of ergot are recognized as the most beneficial agents in their treatment. With respect to the last-named drug, he says:

"From the injudicious use of ergot in large quantities much harm has resulted without the relation of cause and effect being recognized. But, as a rule, great benefit follows its use when administered in small and continual doses, with the view of acting on the coats of the vessels and of exciting only moderate contraction of the uterine tissue. Ergot should never be given in *large* doses until after the uterine canal has been dilated, and until it be found that the tumor projects sufficiently to warrant the belief that it may become pedunculated by uterine contraction. I have committed this error myself, and have likewise frequently observed it in the practice of others. Should a tumor be found buried in the uterine walls, or so situated that it cannot become pedunculated, large doses of ergot can certainly accomplish no good. But, on the contrary, if the uterus be thus excited to violent contraction without a purpose, as it were, an increased quantity of blood will naturally flow to the parts, often with the direct result of causing cellulitis, and even peritonitis. By thus setting up a new source of irritation we will establish the most favorable condition for increasing the growth of the tumor."

He is very non-committal regarding re-

moval of the ovaries for the purpose of preventing the periodical congestions of the uterus and consequent hemorrhages and increase in the size of the fibroids, as so successfully performed by Trenholme, Hagar, Nussbaum and Goodell.

In the next chapter, on diseases of the external genitals, cervix and uterine canal, he states that Sims' operation for vaginismus, although giving immediate relief, does not cure the condition, which is dependent upon some exciting cause, such as displacement, fissure of the anus, the remains of old cellulitis, etc. When the cause is removed the vaginismus disappears without a special operation.

Chapters XXXI–II–III are occupied with vesico- and recto-vaginal fistulæ. A case of much interest is related (page 650–51) of recto-urethral fistula in a man. These operations are well known, hence no necessity exists for more than a passing allusion to them in this place. We are, however, surprised to find no mention of "ballooning lhe bladder" to facilitate the operation for vesico-vaginal fistula (See article on the subject, by Dr. William A. Byrd, of Quincy, Ill., New York *Medical Journal*, September 1875). This is all the more remarkable, inasmuch as we understand that Dr. Emmet uses it in his own practice with very satisfactory results. The statistical tables given are probably the most complete that have ever been published.

For the purpose of examining the female urethra, several forms of specula have been proposed. Dr. Emmet gives precedence to Dr. Reeves Jackson, of Chicago, and Dr. Skene, of Brooklyn, for suggesting these instruments. If we are not mistaken, Dr. Wm. A. Byrd, of Quincy, Ill., is entitled to claim priority. See his paper read before the American Medical Association at its Chicago meeting, in 1877 (*Virginia Medical Monthly*, Vol. V, page 177). *Of course*, Dr. Jackson could not have been aware of Dr. Byrd's invention!

Cystitis and stone in the bladder and ureters, take up one chapter, after which the diseases of the ovaries are carefully considered. With reference to Battey's operation, he states that his consent to the operation would be limited to cases of threatened insanity, epilepsy, or phthisis. "For nervous disturbances which present more of the hysterical element, the operation should never be thought of. In many such desperate cases I have seen a little moral suasion, administered with firmness, accomplish a great deal, and nature will often, when aided, bring about a favorable change in nutrition when least expected."

Ovarian and abdominal tumors, their history, diagnosis and treatment, occupy the remainder of the volume. The works of Peaslee and Atlee are so comprehensive that we could not expect any great addition to our knowledge on the subjects discussed. He believes that Drysdale's "ovarian corpuscle" is really diagnostic of, and when present is characteristic of ovarian tumor. This does not accord with the observations of some expert ovariotomists.

Our notice has already exceeded the limits we had set for the consideration of this most excellent volume. Our commendation has been freely given, and our criticisms have been very few in number and of no very great moment. We are satisfied that whoever reads the book carefully will agree with us that it is the best work on gynecology that has ever been written. This is high praise, but we have no hesitation in giving it, although our preconceived opinions were not at all favorable to the author.

We shall look with great interest for the appearance of Dr. Sims' forthcoming work on the same class of diseases. Even he, the acknowledged father of gynecology, will have a difficult task to eclipse the effort of his most favored pupil, Dr. Thomas Addis Emmet.

THE NON-ASYLUM TREATMENT OF THE INSANE. By William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York and in the University of Vermont, etc., etc. Read by invitation before the Medical Society of the State of New York, February 5th, 1879, and reprinted from the Transactions. New York: G. P. Putnam's Sons, 182 Fifth av. 1879. From the Author.

Professor Hammond is earnestly engaged in the labor of asylum reform, and this is the first of a series of papers which he purposes writing with this end in view. Among the chief objects of this memoir he states it as his intention to show that the popular ideas, among both the people and their physicians, that it is necessary to place a patient suffering from any form of insanity in an asylum, that the medical officers of these institutions alone know how to treat the insane, and that restraint and separation are, in themselves, measures that are specially curative in their influence; that all these ideas are erroneous. Not only this, but also "that the medical profession is, as a body, fully as capable of treating cases of insanity as cases of any other disease, and that in many instances sequestration is not only unnecessary but positively injurious."

He argues that as the first recognition of insanity devolves upon the family physician in a vast majority of cases, that it is a false view, one opposed to common sense and experience, to say that merely because he is a general practitioner that he is consequently unable to continue the treatment.

He further supports his proposition by citing the fact that many of the most eminent alienists of modern times have never been professionally connected with lunatic asylums: such as Griesinger, Rush, Clymer, Seguin, Spitzka, S. Weir Mitchell, Jewell, and many others.

He quotes high authorities: Maudsley, Blandford, Dickson and C. Pinel, against the indiscriminate confinement of insane persons, and would, like these authors, confine asylum treatment to such patients *only* as are dangerous to themselves or others. On page 13 he writes as follows:

"The patients for whom lunatic asylums are particularly deleterious are those who display mild forms of mental derangement, who are capable of reasoning logically in regard to most of the circumstances presented to their minds, and who are enabled to control themselves to such an extent as to prevent the exhibition of themselves in ridiculous, violent or degrading aspects. Such persons feel very acutely the injustice and disgrace of incarceration. They know they are not dangerous to themselves or others, and the deprivation of their liberty they regard as cruel and uncalled-for. The violent rupture of social and family ties is especially injurious to those patients, and the association which they are compelled to have with lunatics far more profoundly affected than themselves cannot but have, as Maudsley says, a highly pernicious influence upon them."

An instance of "apparently unwarrantable incarceration of a harmless monomoniac," is introduced in a foot-note to the above. The instance was the commitment to an asylum of a man who imagined that he suffered "from a disease of the head by which his thoughts escape him through his nostrils and ears, and that every person can tell what he is thinking about." This *seemed* to be his only delusion. Dr. Hammond says: "On its face the whole proceeding was an outrage. The subject of it had the right to say whether he would go to the asylum or not, but *because he had a delusion which concerned no one but himself*, he is shut up during the pleasure of those who ought to have protected him, to the detriment of his chances of recovery." (Italics ours).

Now while we agree on all points with the proposition in the text, we see many difficulties, which appear to us absolutely insurmountable without asylum detention, in the way of enforcing the ideas there expressed. We also are unable to agree with the author, that the case quoted in the foot-

note was that of an inexcusable outrage upon individual liberty. The great difficulty encountered in a vast majority of cases is to ascertain to a certainty that a given delusion is one that concerns no one but the patient. We know of no alienist who would presume to give a positive decision, without having observed the patient for some time, that *any* delusion was confined in its operations and results to the patient alone. To do so would be to assume that insane patients invariably reason sanely from given premises, sane or insane. Every one who has observed the insane carefully, knows that delusions of apparently the most harmless character often give rise to acts of violence—homicide, suicide, arson, etc. We have a *striking* recollection of one case in our own experience, recalled by the instance quoted by Dr. Hammond. A patient whose ruling delusion was that every one was able to "read his mind," that "his mind had been exposed" through the influence of electricity, was the most violent and treacherous patient we have ever had to treat. Seclusion in an asylum was the only humane method of controlling his vicious tendencies.

Another case, celebrated in the jurisprudence of Missouri, was that of a man who thought his food had a bad taste; from this the step was a short one to the idea that his landlady had mixed poison with it; he murdered her, was tried and condemned to die; a commutation to imprisonment was secured, and, although he conducted himself properly, the same delusion followed him, and he succeeded in killing his keeper, who he thought was mixing poison with his food. At last, after the death of two innocent people, his insanity was recognized and he was sent to an asylum, where he succeeded finally in committing suicide by hanging.

Such cases demonstrate the necessity of sending all acute cases of mania, of general paralysis and of monomania to asylums until they can be properly observed and the tendencies of their delusions ascertained. This is necessitated in the immense majority of cases by the limited pecuniary ability of most people to properly care for their insane relatives at home or in the household of some physician.

Mild cases of melancholia, of acute and secondary dementia and of harmless monomania can be cared for at home. For these the asylum offers no advantages, rather the contrary, in the way of treatment.

Dr. Hammond is engaged in a noble work; he is a powerful writer and a most energetic reformer. While disagreeing with him in reference to minor details, we give him our undivided support.

FASTING GIRLS; Their Physiology and Pathology. By William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York, and in the University of Vermont, etc. 12mo. pp. 76. New York: G. P. Putnam's Sons, 182 Fifth avenue. 1879. From the Author.

Professor Hammond has performed a much needed service by writing this little volume. His remarks are confined entirely to the question of prolonged abstinence from food. The popular delusions upon this subject are treated with very little cerimony, and will doubtless be removed from some minds. It is lamentably true that no argument from experience or science will remove the tendency to credulity from the minds of many. There seems to be an innate necessity for some to accept as fact anything that bears the appearance of the marvelous. This is probably a fault of organism, derived from the ancestry, that it will take many ages to eradicate. Such works as this of Dr. Hammond's will do some service in uprooting the weed superstition which finds a congenial soil in ignorance and erroneous education.

The book is divided into five chapters, the first tracing the wonderful stories of fasting through the middle ages; the second, the same subject in modern times; the third,

absence from food, with stigmatization; the fourth is devoted to the Brooklyn case (Miss Fancher); and the concluding chapter is given to the Physiology and Pathology of Inanition.

Of course due prominence is given to the case of the "Welsh Fasting Girl" (Sarah Jacob), which was the best observed of all such instances on record. The inference is natural that all other cases were likewise instances of well organized deception. At least we must be numbered among the incredulous along with Dr. Hammond.

The book is written in the author's best style, and whoever once begins its perusal will be pretty certain to read it to the last page. We most heartily commend the *brochure* to the attention of our readers.

A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M. D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, etc., etc., etc. Fourth edition thoroughly revised. With illustrations. 8vo. pp. 758. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $4 50; leather, $5 50.

This work has acquired a most enviable place in American medical literature. It is, by all odds, the best book on the subject that we have seen. The profession has fully appreciated the value of the work, for three large editions have been eagerly taken, and we risk nothing when we express our opinion that few copies of this *fourth* edition will remain on the publisher's hands a twelve-month hence.

The book has been most carefully revised, especially is this noticeable in the formulæ given, and the very latest and most rational therapeutics of children's diseases which appear on almost every page.

Dr. Smith adheres to the theory of the non-identity of diphtheritic croup and pseudo-membranous laryngitis, or true croup. In this we think he is in error.

The theory of the origin of diphtheria from the presence of bacteria is not admitted. He seems to have some doubts on the subject, however, and at some future time we may find him ranged with the adherents of the bacterian theory.

Of course we most cordially recommend the work as the best in the market on the subject.

Chemistry: General, Medical and Pharmaceutical, Including the Chemistry of the U. S. Pharmacopœia. A Manual on the General Principles of the Science, and their applications in medicine and pharmacy. By John Attfield, M. A. and Ph. D. of the University of Tübingen; Professor of Practical Chemistry to the Pharmaceutical Society of Great Britain, etc., etc., etc. Eighth Edition, Revised by the Author. 12mo. pp. 697, with 87 illustrations. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $2 50; Sheep, $3.

The reputation of Attfield's Chemistry as the best treatise for the medical and pharmaceutical student is well established. The appearance of the eighth edition thoroughly revised by the author will add to this well-earned reputation. The new edition has been brought up to date, and contains some decided improvements over the seventh, which was noticed in these columns a little over two years ago. There are some three hundred new references in the index, and the work now includes all the chemistry of the pharmacopœias of the United States, Great Britain and India. The student of pharmacy will find it indispensable, and the medical student will find that it embraces just those portions of chemical science which will be useful to him. The work is most cordially commended.

Epitome of Skin Diseases, with Formulæ, for Students and Practitioners. By Tilbury Fox, M. D., F. R. C. P., etc.. etc., and T. C. Fox, M. B., B. A. (Cantab.), Physician to Saint George's and Saint James' Dispensary. Second American Edition, enlarged and revised by the Authors. 12mo. pp. 216. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, $1 38.

The first American edition met with a ready sale, and the authors have been in-

duced to thoroughly revise and improve the second, and adapt it particularly to the American market.

The classification of cutaneous diseases adopted by the American Dermatological Association is presented in full. Of course a diminutive manual like the one under consideration can lay no claim to the place occupied by the larger treatises, but for ready reference and for giving suggestions in regard to treatment to those moderately well acquainted with the subject, it has a place and some real value.

The book is presented in elegant style, as we always expect will be the case in publications from the house of Henry C. Lea.

A Clinical Treatise on Diseases of the Liver. By Dr. Fried. Theod. Frerichs, Professor of Clinical Medicine in the University of Berlin, etc. In three volumes. Vol. I, Vol. II. Translated by Charles Murchison, M. D., F. R. C. P., Physician to the London Fever Hospital, etc., etc. 8vo. pp. 224–228. New York: William Wood & Co., 27 Great Jones st., 1879. Wood's Standard Medical Authors. Cloth, $1 per volume to subscribers.

Dr. Murchison's translation of Frerichs' classical treatise is too well known to require any words of commendation from us. We would, however, direct attention to the extraordinary cheapness and excellent quality of the series of standard works of which this treatise forms three volumes. These will be furnished to subscribers at one dollar per volume, while the original English edition, of the New Sydenham Society, can seldom be obtained at any price, and cost the original subscribers five dollars for the two volumes. The series of standard authors, thus far, has more than redeemed the promise of the publishers.

The Transactions of the American Medical Association. Instituted 1847. Vol. XXIX. Philadelphia: Printed for the Association. Collins, Printer, 8vo. pp. 900–245. From the Librarian.

This is one of the largest volumes of transactions issued by the Association. It contains a number of papers of much interest, some of which we shall probably notice at greater length on some other occasion. Dr. Wyeth's prize essays on the larger arteries, their surgical anatomy and history, have been published separately, and will receive notice in our next from the pen of an eminent surgeon. We gave such a full account of the transactions, shortly after the Buffalo meeting, with short abstracts of all the important papers and addresses, that it is not necessary to go into an elaborate analysis of the same here. Suffice it to say, that this is one of the best, if not *the* best volume, that has ever been issued by the National Association.

Lectures on Practical Surgery. By H. H. Toland, M. D., Professor of the Principles and Practice of Surgery and Clinical Surgery in the Medical Department of the University of California. Second edition. Illustrated. 8vo. pp. 510. Philadelphia: Lindsay & Blakiston, 1879. St. Louis: Gray & Baker B. & S. Co. Cloth, $4 50; leather, $5 50.

We must compliment Professor Toland on the success of his book. It has been scarcely two years since the appearance of the first edition and now a second is called for. This is essentially the original work with the addition of a chapter on aneurisms. His last success in the ligation of the external iliac artery is finely illustrated. Some errors pointed out by the reviewers of the first edition, we regret to see, have not been corrected. The book is very neatly presented and reflects credit upon the eminent publishers as well as upon the great surgeon of the Pacific coast.

Literary Notes:—

The *Medical Herald*, the new Louisville journal, makes a fine appearance. The first number is full of excellent reading matter. It contains forty-eight pages and is offered at the nominal price of two dollars per annum. Dr. Dudley S. Reynolds, editor and publisher. The new venture has our best wishes for its long life and success.

THE *American Journal of Otology* for April is even better than the January number promised. It is one of the handsomest of the quarterlies. Subscription three dollars per annum. Wm. Wood & Co., New York, publishers.

THE *Journal of Nervous and Mental Disease* continues to maintain its position as the best exponent of psychological medicine in America. Its editors need not fear a critical comparison with similar European journals, so far as its contents are concerned, while its typographical appearance is far in advance of all competitors. Dr. J. S. Jewell, of Chicago, is the editor. Subscription five dollars per year.

ANNOUNCEMENTS :—

Mr. Henry C. Lea, of Philadelphia, will soon issue a new work by Dr. Austin Flint: "Clinical Medicine." We shall look for its appearance with a great deal of interest. Also, a "Handbook of the Principles and Practice of Medicine," by Dr. Frank Woodbury, of Philadelphia. Dr. Carl Seiler's "Handbook of Diagnosis and Treatment of Diseases of the Throat and Nasal Cavities," is also in press. Professor Harrison Allen's great work on Human Anatomy, Cornil and Ranvier's Histology, Dr. Jas. R. Chadwick's Manual of Diseases of Women, and a new edition of Soelberg Wells' Treatise on the Eye, are in course of active preparation.

Messrs. Lindsay & Blakiston, of Philadelphia, announce a series of "American Health Primers," edited by Dr. W. W. Keen. They will be written in popular style, and are designed "to diffuse as widely and cheaply as possible, among all classes, a knowledge of the elementary facts of preventive medicine, and the bearings and applications of the latest and best researches in every branch of medical and hygienic science." They will be issued about once a month, will be 16mo. in size, bound in paper and flexible cloth covers. Price, in paper, 30 cents, in flexible cloth, 50 cents each. The following volumes are in press: Hearing and How to Keep it, by Dr. Chas. H. Burnett; Long Life and How to Reach it, by Dr. J. G. Richardson; Sea Air and Sea Bathing, by Dr. Wm. S. Forbes; The Summer and its Diseases, by Dr. Jas. C. Wilson; Eyesight and How to Care for it, by Dr. Geo. C. Harlan; The Throat and the Voice, by Dr. J. Solis Cohen; The Winter and its Dangers, by Dr. H. Osgood, of Boston; The Mouth and the Teeth, by J. W. White, M. D., D. D. S.; Our Homes, by Dr. Henry Hartshorne; The Skin in Health and Disease, by L. D. Bulkley, of New York; Brain Work and Overwork, by Dr. H. C. Wood, Jr. It will be noted that all but two of the authors, as announced, are Philadelphians, and all, without exception, are first-class writers. Other volumes are in preparation treating of equally important subjects. We give the enterprise our cordial endorsement.

Messrs. G. P. Putnam's Sons, of New York, have in press, a systematic work on diseases of the nervous system, by the accomplished editor of the *Archives of Medicine*, Dr. E. C. Seguin. We may expect that this will prove a most excellent work.

Messrs. D. Appleton & Co., of New York, announce a new work on the practice of medicine, by Professor Roberts Bartholow; also An Introduction to an Investigation of the Urine, by Professors M. B. Hoffmann and R. Ultzmann.

BOOKS & PAMPHLETS RECEIVED.

THE MICROSCOPE in its Relations to Medicine and Cerebral Pathology. By J. N. de Hart, M. D. From the Author.

TRANSACTIONS of the Medical Society of the State of Tennessee at its Forty-fifth Annual Meeting. 1878. From the Secretary.

TRAINING SCHOOLS FOR NURSES. Circulars of Information of the Bureau of Education. No. 1—1879. Washington: Government Printing Office. 1879.

A Guide to the Qualitative and Quantitative Analysis of the Urine. Designed for Physicians, Chemists and Pharmacists. By Dr. C. Neubauer, Professor, Chief of the Agricultural-Chemical Laboratory, and Docent in the Chemical Laboratory in Wiesbaden, and Dr. J. Vogel, Professor of Medicine in the University at Halle, with a Preface by Professor Dr. R. Fresenius. Translated from the seventh enlarged and revised German edition by Dr. Elbridge G. Cutter and Dr. Edward S. Wood, of Boston. 8vo. 551 pages. Few York: William Wood & Co. 1879. St. Louis: Book & News Co. Cloth, $6; leather, $7.

On Diseases of the Abdomen, Comprising those of the Stomach, and other parts of the Alimentary Canal, Œsophagus Cæcum, Intestines and Peritoneum. By S. O. Habershon, M. D., Lond., F. R. C. P., Senior Physician to, and late Lecturer on the Principles and Practice of Medicine at Guy's Hospital, etc. With illustrations. Second American, from the Third Enlarged and Revised English Edition. 8vo. pp. 554. Philadelphia: Henry C. Lea. 1879. St. Louis Book & News Co. Cloth, $3 50.

A Practical Treatise on Surgical Diagnosis. Designed as a Manual for Practitioners and Students. By Ambrose L. Ranney, A. M., M. D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery in the Medical Department of the University of New York. 8vo. pp. 386. New York: William Wood & Co., 27 Great Jones st., 1879. Cloth, $3.

Demonstrations of Anatomy; Being a Guide to the Knowledge of the Human Body by Dissection. By George Viner Ellis, Emeritus Professor of Anatomy in University College, London. From the Eighth and Revised English Edition. Illustrated by Two Hundred and Forty-nine Engravings on Wood. 8vo. pp. 716. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Company. Cloth, $4 25; sheep, $5 25.

Hints in the Obstetric Procedure. By William .B. Atkinson, A. M., M. D., Physician to the Department of Obstetrics and Diseases of Women, Howard Hospital, Philadelphia; D. G. Brinton, 115 South 7th st., 1879. Cloth, $1.

Essays in Surgical Anatomy and Surgery. An Essay upon the Surgical Anatomy and History of the Common, External, and Internal Carotid Arteries; Awarded the First Prize of the Am. Med. Association, June, 1878. An Essay upon the Surgical Anatomy and History of the Innominate and Subclavian Arteries; Awarded the Second Prize of the Am. Med. Assotiation, 1878. An Essay upon the Surgical Anatomy of the Tibio-Tarsal Region; Jas. R. Wood Prize, 1876. An Essay upon the Surgical Anatomy of the Obturator Artery, and Notes upon the Surgical Anatomy of the Hip-Joint. By John A. Wyeth, M. D., (University of Louisville), Member of the N. Y. County Medical Society, Etc., Etc. 8vo. pp. 262. New York: Wm. Wood & Co., publishers, 27 Great Jones st. 1879. St. Louis: Book & News Co. Cloth, $2.

Spermatorrhœa; Its Causes, Symptoms, Results and Treatment. By Roberts Bartholow, A. M., M. D., Professor of the Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio, Etc., Etc., Etc. Fourth Edition, Revised. Small 8vo. pp. 128. New York: Wm. Wood & Co., 27 Great Jones st. 1879. All Rights Reserved. St. Louis: Book & News Co. Cloth $1.

Paresis of the Sympathetic Centers from Over-Excitation by High Solar Heat, Long Continued and Suddenly Withdrawn, Etc., So-Called Malaria; its Etiology, Pathogenesis, Pathology and Treatment. By Charles T. Reber, M. D. 12mo. pp. 112. St. Louis: George O. Rumbold & Co. 1879. From the Author.

The Rational Therapeutics of Simple Fever. By J. E. Tefft, M. D., Late President of the Medical Association of the State of the State of Missouri, Etc., Etc., Etc. Read before the Springfield (Mo.) Medical Society, and printed by its direction. From the Author.

Chloral Inebriety; Read before the King's County Medical Society, April 15, 1879, by J. B. Mattison, M. D., Brooklyn, N. Y. Reprint from *The Proceedings*, May, 1879. From the Author.

Rhymes of Science: Wise and Otherwise. With Illustrations. 12mo. pp. 66. New York: Industrial Publishing Company. 1879. Cloth, 50 cents.

Excision of the Epiglotis. By William Porter, A. M., M. D., Fellow of the American Laryngological Society, Physician to the Throat and Lung Department, St. Luke's Hospital, St. Louis. Reprint from *American Journal of the Medical Sciences*, April, 1879. From the Author.

Miscellaneous Notes.

Clinical lrctures," as reported, are said to misrepresent the eminent gentlemen who are made to father them. This is how it is done, according to the editor of the Philadelphia *Medical Times* (April 26, 1879):

"We know that skeleton notes have been worked up at home by means of text-books, the lecturer being made to say what, in the opinion of the reporter, he ought to have said, whether he had said it or not; and we know also that, at least in some cases, the views of the lecturer have been greatly distorted. It seems hard to say these things, and yet it is high time that they were said. We know no reason for believing that the cases especially referred to are isolated. The prolificness of some of these reporters is gigantic, and there is being rapidly built up in American journals a whole clinical literature for which the best men of the profession in the country are seemingly responsible, but which is full of inaccuracies, absurd theories, etc., which have their origin not in their apparent source, but in the ignorance and audacity of medical reporters."

Hence we beg leave to congratulate our enterprising neighbors who publish, with so much *éclat*, the clinical lectures of Professor So-and-So! Perhaps they make "mighty interesting reading," but their value is easily appreciated in the light of the above quotation.

Isaac Hays, M. D., died in Philadelphia, on April 12, aged eighty-three years. Dr. Hays was born in the same city in 1796, was educated at the University of Pennsylvania, and graduated in the department of arts in 1816. He became an office student of the late Dr. N. Chapman, and graduated in medicine, at the University, in 1820. In February, 1827, he joined the editorial staff of the Philadelphia *Journal of the Medical and Physical Sciences*, which had been started in 1820 by Prof. Chapman. In the following November the title was changed to *The American Journal of the Medical Sciences*, and Dr. Hays became its editor. This position he held until his death, over half a century. In 1843 he began the publication of the *Medical News*, as a monthly in connection with the *Journal*. In 1874, he became editor of still another monthly, the *Monthly Abstract of Medical Science*. In 1869, his son, Dr. I. Minis Hays, became associated with him in his editorial work.

Dr. Hays was one of the founders of the American Medical Association and of the Pennsylvania State Medical Society. He was the first treasurer of the Association, and chairman of the committee which framed its redoubtable Code of Ethics. He was editor of several American editions of English medical works, and contributed many papers to the transactions of several scientific societies.

The journals which he conducted with such eminent ability for so many years, are the best monuments to his memory.

A Celebrated Liver Case (*National Medical Review*, April, 1879).—Among the various aspirants to the credit of having invented something in the art of medicine, considerable prominence has been given to the name of Prometheus, who is said to have stolen fire from heaven to animate two bodies which he had formed of clay. This procedure was looked upon as no less a crime in those days that *constructive arson*, and Jupiter caused him to be chained to a rock on Mount Caucasus, and appointed a vulture to breakfast upon his liver, which organ, or such part of it as was eaten away during each day, grew again over night.

Much has been written lately questioning the safety of certain surgical operations upon the liver, and it may be well to bear in mind that the case of Prometheus terminated favorably as regards the immediate effects of the several excisions, notwithstanding he did not have the benefit of antiseptic atomizations.

Sixth Decennial Pharmacopœia Convention.—We have been requested to publish the following notice to the several incorporated State medical societies, the incorporated medical colleges, the incorporated colleges of physicians and surgeons, and the incorporated colleges of pharmacy throughout the United States:

"By virtue of authority devolved upon me, as the last surviving officer of the Pharmacopœia Convention of 1870, I hereby call a general convention to meet in Washington, D. C., on the first Wednesday in May, 1880, for the purpose of revising the Pharmacopœia of the United States.

For the information and guidance of all parties interested, I refer them to the rules adopted by the convention of 1870, to be found on page 11 of the Pharmacopœia of the United States, and request their compliance with the spirit and intention of said rules.

James E. Morgan, M. D.,
No. 905 E st., N. W., Washington, D. C.

Explosion of Scrotum (*Virginia Medical Monthly*, from the Madrid *Revista*).—During a hot October day, a soldier on guard at Fortosa, was lying down on the ground in the sun, and all at once, he heard a loud report, when he found portions of his clothes torn from him, and warm blood flowing from him. The whole anterior hemisphere of the scrotum had disappeared, leaving his testicles uncovered. In this situation he was immediately takon to the hospital, where he made a good recovery. We leave to the good judgment of our readers the interpretation of this phenomenon, but doubtless the opinion we entertain is a correct one. The confinement of gases in the scrotum, increased by the hot rays of the sun, produced this explosion.

Appointment.—Dr. Edward W. Jenks, of Detroit, has accepted an appointment to the chair of Medical and Surgical Diseases of Women and Clinical Gynecology, in the Chicago Medical College. This is a most excellent selection. Dr. Jenks will add strength to one of the *higher-grade* medical colleges, the only one in the West. We hope the profession in Chicago will soon issue a *higher-grade* medical journal. There is room for one in the Garden City.

The plague has entirely disappeared from Astrakhan. The process of disinfection with fire seems to have been effective. The case supposed to be one of the plague, which caused some excitement in St. Petersburgh, was ascertained to be one of syphilitic adenitis. Dr. Batkin, the Czar's physician, who made the original diagnosis, refuses to be convinced of his error.

Dr. Lewis A. Sayre, of New York, has been elected President of the American Medical Association for the ensuing year. A worse selection could not have been made, if the members of the Association have any desire to improve; a better one could not be imagined if the members wished to hasten the downfall of the organization. *Vive le humbug!*

Home News.

Seventy-five thousand dollars have been appropriated for the rebuilding of the asylum at St. Joseph.

Mr. Charles W. Francis has been appointed and confirmed as Health Commissioner of St. Louis for the term of four years. It is well enough for the profession to understand that Mr. Francis received his re-appointment through the influence of the professors of the local medical colleges. The faculties of the "regular," eclectic and homœopathic colleges, for once, were a "happy family," and united in solid phalanx to support Mr. F. The *profession of medicine*, outside of the colleges, was united in opposition to his confirmation. Comment is needless.

The St. Louis Baron Munchausen has been exercising his imagination again. He has given certain *fanciful* (to use a polite term) items to the Boston *Medical and Surgical Journal*, with regard to the Health Commissioner, which clearly show that he expects some position in the Health Department. We suggest that he be placed in charge of the *lying*-in department of one of the hospitals. Thus would faithful service be rewarded and poetic justice be satisfied —two birds would be killed with one stone, as it were!

TO PHYSICIANS.

Messrs Warner & Co. Brooklyn, N. Y., August 10, 1878.

Dear Sirs:—It is with pleasure that I report to you briefly my experience, and also that of eminent Physicians, as to the valuable medicinal qualities of INGLUVIN, and testify to its superiority in all cases over Pepsin.

Drs. F. A. Howe and E. P. Hurp, of Newburyport, Mass., report a case of Chronic Dyspepsia as follows: Our associate in medicine, Dr. E. Cross of this city, was taken violently sick. For a time his life was despaired of; everything was tried but with no good effect. Finally, INGLUVIN was administered in doses varying from five to ten grains; to our surprise, the patient began at once to mend and rapidly convalesced. We cannot speak too highly of INGLUVIN in this case, it is certainly a valuable remedy.

Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN he cured three out of four cases of VOMITING in PREGNANCY.

Dr. C. F. Clark, Brooklyn, N. Y. has used INGLUVIN very extensively in his daily practice for more than a year, and has fully tested it in many cases of VOMITING in PREGNANCY, DYSPEPSIA and SICK STOMACH, and with the best of results.

Dr. Edward P, Abbe, New Bedford, Mass., mentions a case of vomiting caused by too free use of intoxicating liquors; INGLUVIN was administered in the usual way, the effect was wonderful, the patient had immediate relief.

A gentleman living in Toronto, Canada, gives his experience. He says, I was suffering terribly from Indigestion, I could eat nothing, life was almost a burden to me. INGLUVIN was prescribed in five to ten grain doses, the medicine was taken for about two weeks; result, a permanent cure.

In fact were I to note all the remarks of the profession and my experience in relation to this remedy, and report to you the cases in detail, you could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours Respectfully,

CHAS. H. BENNETT, 144 Luqueer St., Brooklyn, N. Y.

INGLUVIN

IN CASES OF DIARRHŒA, CHOLERA INFANTUM AND MARASMUS.

From the Cincinnati Lancet and Observer, August, 1877.

The prevalence of Cholera Infantum, Cholera Morbus, and Diarrhœa, to a greater extent at this period, induces me to call the attention of the medical fraternity to the lately introduced remedy called "INGLUVIN." I have been using it in my practice with very happy results for a considerable time, having originally called attention to the use of the simple lining membrane of the Gizzard of the Domestic Fowl. We find indigestion generally at the bottom of bowel complaints, which INGLUVIN has almost instantly corrected for me, alone or in combination. I give it in the following formulas:

INFANT FORMULA.

℞ Ingluvin, ...gr. xii.
Sacch. Lac., ...gr. x.
Misce et Ft. cht., No. x.
Sig.—One every 4 hours.

℞ Aqua Calcis, ...f℥ij.
Spts. Lavand. Comp.,
Syr. Rhei, Arom., ...aa f℥j.
Tr. Opii, ...gtt. x.
Misce—Sig.—A teaspoonful every 2 to 4 hours.

FOR ADULTS.

℞ Ingluvin, ...℥j.
Morphia Sulph., ...gr. jss.
Misce et Ft. cht., No. xii.
Sig.—One every 4 to 6 hours.

℞ Aqua Calcis, ...f℥ijss.
Spts. Lavand. Comp. .....f℥ss.
Syr. Rhei, Arom., ...f℥vi.
Tr. Opii, ...f℥ss.
Misce—Sig.—Dessertspoonful every 2 to 4 hours, or after each evacuation.

In inflammatory affections, I combine INGLUVIN with subnitrate of bismuth, equal parts, and oleaginous mixture with ol. terebinth instead of aqua calcis. Should the evacuations be suddenly arrested, and tympanitis and colic supervene, follow with a dose of oil or magnesia, or injections. In many cases of sick headache and indigestion I have the most happy result from the combining of INGLUVIN with Pv. Nux Vomica, the one-twentieth to one-tenth grain. I have treated a case of Marasmus successfully with the INGLUVIN—see article contributed in "MEDICAL AND SURGICAL REPORTER." A. F. SHELLY, M. D.

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PHOSPHORUS PILLS.

A PERFECT AND RELIABLE FORM FOR THE ADMINISTRATION OF FREE PHOSPHORUS IN COMBINATION WITH

Nux Vomica, Iron, Quinine, Zinc, Strychnia, Morphia, Indian Hemp, Cantharides, Digitalis, Aloes, etc

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A TABLE OF COMBINATIONS.*

		In Bottles 100 each.
1—PIL. PHOSPHORI.	1-100 grain, 1-50 grain, 1-25 grain, in each.	1 00
2—PIL. PHOSPHORI COMP.	Phosphori 1-100 grain. Ext. Nuc. Vom ¼ grain.	1 50
3—PIL. PHOSPHORI CUM NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Nuc. Vom. ½ grain.	1 50
4—PIL. PHOSPHORI CUM FERRO	Phosphori 1-50 grain. Ferri Red. 1 grain.	1 50
5—PIL. PHOSPHORI CUM FERRO ET NUCE VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Ext. Nuc. Vom. ¼ grain.	1 50
6—PIL. PHOSPHORI CUM FERRO ET QUINIÂ	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain.	2 75
7—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
8—PIL. PHOSPHORI CUM QUINIÂ.	Phosphori 1-50 grain. Quiniæ Sul. 1 grain.	2 75
9—PIL. PHOSPHORI CUM QUINIÂ CO.	Phosphori 1-50 grain. Ferri Red. 1 grain. Quiniæ Sul. ½ grain. Strychniæ 1-60 grain.	2 00
10—PIL. PHOSPHORI CUM QUINIÂ ET NUC. VOM.	Phosphori 1-50 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
11—PIL. PHOSPHORI CUM QUINIÂ ET DIGITALE CO. . . .	Phosphori 1-50 grain. Quiniæ Sul. ½ grain. Pv. Digitalis ½ grain. Pv. Opii ¼ grain. Pv. Ipecac. ¼ grain.	2 00
12—PIL. PHOSPHORI CUM DIGITALE CO.	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ext. Hyoscy. 1 grain.	1 50
13—PIL. PHOSPHORI CUM DIGITALE ET FERRO	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ferri Red. 1 grain.	1 50
14—PIL. PHOSPHORI CUM CANNABE INDICA.	Phosphori 1-50 grain. Ext. Cannab. Ind. ¼ grain	1 75
15—PIL. PHOSPHORI CUM MORPHIA ET ZINCO VALER. . .	Phosphori 1-50 grain. Morphiæ Sul. 1-12 grain. Zinci Valer. 1 grain.	2 00
16—PIL. PHOSPHORI CUM ALOE ET NUCE VOMICÂ	Phosphori 1-50 grain. Ext. Aloes Aq. ½ grain. Ext. Nuc. Vom. ¼ grain.	1 50
17—PIL. PHOSPHORI CUM ZINCO CO.	Phosphori 1-50 grain. Zinci Sul. 1 grain. Lupulinæ 1 grain.	1 50
18—PIL. PHOSPHORI CUM OPIO ET DIGITALE	Phosphori 1-50 grain. Pv. Digitalis ½ grain. Pv. Ipecac. ¼ grain. Pv. Opii ¼ grain.	1 50
19—PIL. PHOSPHORI CUM STRYCHNIA	Phosphori 1-50 grain. Strychniæ 1-60 grain.	1 50
20—PIL. PHOSPHORI CUM CANTHARIDE CO.	Phosphori 1-50 grain. Pv. Nuc. Vom. 1 grain. Sol. Cantharidis Con. 1 ♏.	1 50
21—PIL. PHOSPHORI CUM BELLADONNA	Phosphori 1-100 grain. Ext. Belladonnæ 1-8 grain.	1 50
22—PIL. PHOSPHORI CUM FERRO ET STRYCHNIA	Phosphori 1-100 grain. Ferri Carb. 1 grain. Strychniæ 1-60 grain.	1 50
23—PIL PHOSPHORI CUM QUINIÂ ET FERRO ET STRYCHNIA	Phosphori 1-100 grain. Quiniæ Sul. 1 grain. Ferri Redacti 1 grain. Strychnia 1-60 grain.	2 75
24—PIL PHOSPHORI CUM EXT: ACONITI	Phosphori 1-50 grain. Ext. Aconiti 1-16 grain.	1 50

PREPARED ONLY BY WM. R. WARNER & CO.

A New Remedy for the treatment of

ACNE, SCROFULA AND CUTANEOUS DISEASES

SUGAR-COATED PILLS OF SULPHIDE OF CALCIUM.

ONE-TENTH GRAIN PER 100,	.50
ONE-QUARTER " " "	.60
ONE-HALF " " "	.75
ONE " " "	$1.00

Prepared by WILLIAM R. WARNER & CO.

Obtainable from all Druggists or sent by mail on receipt of price.

[Extract from Dr. Howard Cane's Article in the London Lancet.]

From the great frequency of occurence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

Case 1.—G. R——, a young lady, aged 19, has been troubled for the last five years with acne of the most severe kind When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, and then to rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and found that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1 10 grain to be taken six times daily, and to see me again in a fort night. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared

Case 2.—J. C——, a young lady 20 years of age, came to me for an eruption on the face which she had for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fort night. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect, whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

SPECIFY PILLS AND GRANULES OF SULPHIDE CALCIUM,

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PARVULES.*

MINIMUM DOSES FOR CHILDREN AND OTHERS.

At the solicitation of our medical friends we have prepared this new class of preparations, denominated PARVULES to distinguish them from *Pills* and *Granules*. They are designed for the administration of medicines in minute doses for children, and for frequent repetition in case of adults. It is claimed by some practitioners that small doses given at short intervals exert a more curative effect.

☞THESE ARE NOT INTENDED TO SUPPLANT THE USE OF PILLS AND GRANULES.

Price, 40 Cents per Bottle of 100 each.

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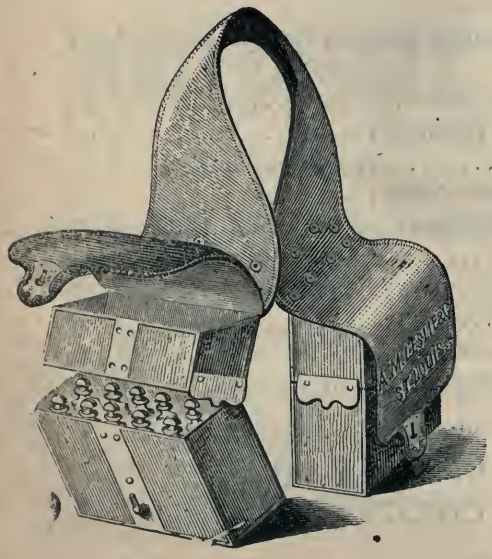

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